



Mail Service Prescription Drug Program

Q. How do I benefit from the Mail Service Prescription Program?

A. If you take a prescription drug on a regular basis, using the Mail Service Prescription Drug Program will provide the following benefits:

- ❖ No complicated claim forms to fill out
- ❖ Pay only a pre-determined cost for your medications. Refer to your plan booklet for your co-payment or discounted pricing and additional benefit details.
- ❖ You have the convenience of having prescriptions delivered by mail, postage paid, directly to you.
- ❖ A 90-day supply is dispensed (if your physician approves), which saves you extra trips to your local pharmacy.
- ❖ No standing in long pharmacy lines.
- ❖ **Quick, safe and reliable service.** Medications will be delivered by US Mail or UPS within 10 to 14 days from the date the order was mailed.
- ❖ Prescriptions are triple checked and screened, by licensed pharmacists, against personal medical history provided on the initial order.

Q. Who can use the PBM Plus Mail Service Prescription Program?

A. You and any members of your family that are currently insured for medical coverage under your company's group health benefit or if you are enrolled in a mail service savings program can use the PBM Plus Mail Service Pharmacy Prescription Program.

Q. How do I use the Mail Service Program?

A. Before leaving your doctor's office, do the following:

1. **Discuss Generics** - Generic medications are safe and effective alternatives to brand name drugs that will save you money. Ask your doctor to prescribe generic medication whenever possible. PBM Plus Mail Service Pharmacy will automatically fill your order with an approved generic drug, if one is available, unless your doctor states that a brand medication is "medically necessary."
2. **Use the Preferred Drug List** - Ask your physician to review the Preferred Drug List. This is a listing of brand and generic medications reviewed by qualified physicians and clinical pharmacists to ensure that the medications are safe, of high quality and cost effective. The mail service pharmacy uses this list as a guideline for substituting brand and generic medication on mail service orders where allowable by law. *If you do not have a Preferred Drug List, contact your employer or call our Customer Service Representatives for assistance.*
3. **Ninety Days Supplies** - Ask your doctor to write the prescription for up to a 90-day supply with authorized refills.

When you are ready to place your order:

4. **Complete this Order Form** - Complete the Mail Service Prescription Order Form and enclose it in the return envelope along with your prescriptions and form of payment.
5. **Enclose Prescriptions** - Check your prescriptions. Make sure they clearly show your *doctor's name* and *address, exact dosage* and *your name*. Please print your name and Identification number *on the back of each prescription*.

6. **Payment Information** - Enclose your Check, Money Order or Credit Card information.

7. **When ordering refills** - for faster service, if you are paying by credit card you may fax this order form to: **888-868-2854**

8. **New Prescriptions** - If your physician chooses, your new prescriptions can be faxed to the above number from the physician's office. New prescriptions can only be faxed from a physician's office.

State laws prohibit the faxing of prescriptions from other locations.

Q. What if I need to fill my prescription immediately?

A. Ask your physician to write two prescriptions; one for a 30-day supply and the second prescription for up to a 90-day supply. Take the 30-day supply prescription to your local pharmacy to be filled and mail the second prescription to the PBM Plus Mail Service Pharmacy about ten days after you have your 30-day prescription filled. This will allow you and your physician to determine if the new prescription is right for you before you receive a 90 day supply.

Q. How do I order my refills?

A. Notify PBM Plus Mail Service Pharmacy either by phone or mail to receive an authorized refill of your medication currently on record.

- ❖ **By Phone** - Call **(800) 736-0403** and talk with a Customer Service Representative. Be sure to give our Representative your Identification Number and the prescription number you wish to refill.
- ❖ **By Mail** - If you wish to reorder by mail, complete an order form and mail it to: **PBM Plus Mail Service Pharmacy, 300 TechCenter Drive Suite C, Milford, OH 45150**. Reorder forms with self addressed envelopes are enclosed with initial and subsequent orders. Please allow 10 - 14 days from the time you mail your order for delivery.
- ❖ **By Fax** - If you are paying by credit card you may fax this order form to: **888-868-2854**

If you have any questions...

Call our Toll Free Customer Service Line:
800-736-0403

Customer Service Hours:

Monday-Friday

8:00 AM-11:00 PM ET

Weekends & Holidays

9:00 AM -5:30 PM ET

Closed Thanksgiving & Christmas

If you have an emergency after business hours, our customer service help desk will be able to reach our on-call pharmacist to return your call. Any non-emergency calls will be forwarded to our Customer Service Department on the next business day.