

INSTRUCTIONS

Please read the following carefully before completing the order form.

WHAT IS THE MAIL SERVICE PRESCRIPTION DRUG PROGRAM?

The mail service prescription drug program is a home delivery prescription drug service. The program is designed mainly for individuals using maintenance medication for the treatment of long-term conditions, such as, but not limited to, diabetes, arthritis, heart conditions and high blood pressure. Your specific plan design describes the maximum supply you can receive.

WHAT IS COVERED?

The program covers drugs which by federal law require a doctor's prescription and is covered by your medical plan. Certain drugs are not available through mail service.

Please refer to your Benefit Plan Summary for your copayment, maximum days supply and specific drug coverage exclusions.

Note: Insulin and insulin syringes require a prescription when ordered through the Blue Cross of California Mail Service Program.

WHO IS ELIGIBLE?

If you and your family are presently covered for outpatient prescription drugs under your prescription benefit plan, you are eligible to enroll in the home delivery program.

HOW DO I USE THE PROGRAM THE FIRST TIME?

1. When your doctor prescribes a maintenance drug, have the prescription written for up to a 60 day supply with up to five (5) refills or 90 day supply with up to three (3) refills. By law, prescriptions can only be filled with the quantity indicated by your doctor and allowed by your pharmacy benefit design. Examples: 1 a day = 60 pills; 2 a day = 120 pills for a 60 day supply. **(Refer to your Benefit Plan Summary for the maximum days supply allowed by your plan.)**
2. Complete the attached Enrollment/Order Form for New Participants and Confidential Patient Profile for you and your covered family members. **This form will need to be completed with your first order only.**
In the future, if you have additional medical information or changes to report, please notify the Blue Cross of California Mail Service Program. A patient profile is maintained to ensure that there are no adverse reactions with other prescriptions you are currently receiving. If any questions arise regarding potential drug interactions or other adverse reactions, the pharmacist will contact your doctor or you before dispensing the medication.
3. Mail this completed form along with the original prescription and copayment to: Blue Cross of California Mail Service, PO Box 550, Pittsburgh, PA 15230-9424.
4. Be sure to write your identification number (on your ID card) on the back of each prescription.
5. Drugs will be delivered postage-paid directly to your home. If you have any questions or problems concerning your prescription order, or if you do not receive your medication in 14 days, please contact the Blue Cross of California Mail Service Program toll-free at 1-888-888-DRUG. Allow a few extra days for the first submissions.

HOW DO I ORDER REFILLS OR NEW PRESCRIPTIONS?

- For refills, complete the Prescription Order Form provided with your order and mail or FAX it to the Blue Cross of California Mail Service Program. You may also call toll-free at 1-888-888-DRUG. Be ready to provide your identification number, prescription number(s) and credit card information.
- The prescription label and the Customer Receipt will indicate the number of times you may have a prescription refilled.
- Once enrolled in the Mail Service Program, for **new prescriptions**, simply complete the Prescription Order Form included with each order and mail both the form and original prescription(s) to the Blue Cross of California Mail Service Program. Be sure to write your identification number on the back of each prescription.

FOR MORE INFORMATION CONTACT A BLUE CROSS OF CALIFORNIA REPRESENTATIVE AT:

1-888-888-DRUG

TDD-Hearing Impaired: 1-800-238-0756

Hours 7:00 a.m. to 11:00 p.m. EST, Mon-Fri

7:00 a.m. to 9:30 p.m. EST, Sat

8:00 a.m. to 5:30 p.m. EST, Sun

