

Express Scripts® Pharmacy

has 30 years of experience helping
members get their medicines



Home Delivery

Express Scripts® Pharmacy

1-833-599-0451

www.express-scripts.com



Accredo - Speciality Pharmacy

1-833-599-0514

www.accredo.com

Regence BlueCross BlueShield of Oregon
is an Independent Licensee of the Blue Cross
and Blue Shield Association

Express Scripts® Pharmacy is a separate and independent
company that provides home delivery pharmacy services for
Regence BlueCross BlueShield of Oregon members.

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Strategic Development, Inc.

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Express Scripts® Pharmacy

Introducing Express Scripts® Pharmacy, your home delivery pharmacy

Home delivery through Express Scripts® Pharmacy is a safe, convenient, contactless way to get your long-term medicines delivered right to your door. It may even help you save money.

Savings and convenience

- Free standard delivery
- Refill reminder notices through your phone or email, whichever you prefer
- Optional automatic refill program for eligible prescriptions, so your medicine is processed and sent to you when you need it*
- Save time – no waiting in line at the pharmacy

Support and service

- 24/7 access to a team of knowledgeable pharmacists and support staff
- Multiple locations across the United States for fast processing and dispensing
- Pharmacists check each prescription multiple times before they send it to you

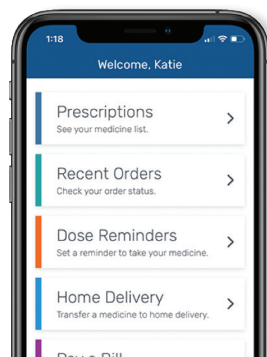
*Check to see if your health plan offers automatic refills and prescription renewal.

It's easy to get started

Create an online profile to manage your medicines

- 1 Go to express-scripts.com/rx
- 2 Register and create a profile
- 3 See your active medicines and/or send your refill order

If you haven't used home delivery yet, you can also call 1 (833) 599-0451 to get started.



A mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicine and more

Medicine when you need it. No Delays. No worries.

At Express Scripts® Pharmacy, licensed pharmacists process orders and all medicines are shipped in tamper-evident containers and plain packaging. Home delivery can save you time – and possibly money.



The home delivery pharmacy trusted by your health plan

Express Scripts® Pharmacy is the easy, convenient home delivery pharmacy service trusted by Regence BlueCross BlueShield of Oregon. That means when you take your medicine, they take care of everything else.

Express Scripts is a pharmacy network. Within that network there is a Home Delivery pharmacy option, **Express Scripts Mail Order**, that fulfills non-specialty medication orders for up to a 90-day supply and ships them to patients. Also, within the Express Scripts network, there is a Specialty Pharmacy, **Accredo**, that fulfills specialty medications (usually for up to a 30-day supply) orders and ships them to patients.

<https://regence.myprime.com/en/find-pharmacy/home-delivery.html>

Home delivery – Express Scripts

1-833-599-0451

You can get medicine sent directly to your door with home delivery service.

Home delivery offers convenience to manage your long-term conditions, including:

- A 90-day supply of medicine and auto-refills (if allowed by your health plan)
- Free standard shipping and 24/7 support from pharmacy experts.

Choose a home delivery pharmacy option below to learn more or manage your medicines:

Specialty medicines – Accredo

1-833-599-0514 www.accredo.com

Specialty medicines are used to treat certain complex, chronic conditions such as cancer, multiple sclerosis, hepatitis C and rheumatoid arthritis. A specialty pharmacy can help you manage your specialty medicines.

With a specialty pharmacy, you will get help on:

- How to take and store your medicine and stay on schedule
- Any prior authorization from your health plan when needed
- Finding financial assistance options when available
- Resolving any side effects you may experience

Coupons and Manufacturer Assistance

- Some manufactures may offer assistance to lower the cost of your medications.
- When using a coupon or other manufacturer assistance, only the amounts you pay after assistance will apply to your annual deductible or out of pocket.

**Home Delivery Order Options**

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery. **Online/mobile app:** Log in to express-scripts.com/rx or the Express Scripts® Mobile App, choose the medicine you want delivered, add it to your cart, then check out.

Fax: Have your doctor call 888.327.9791 for faxing instructions. (Faxes can only be accepted from a doctor's office.)

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

Mail: Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the ovals as shown. (●)

1	Member Information
Member ID Number	Group #
Member Last Name	Member First Name
<input type="radio"/> Please send email notices regarding this order's status	Email address
To GO GREEN go to express-scripts.com/rx to update your Communication Preferences under Account	

2	Shipping Address		
<input type="radio"/> Permanent <input type="radio"/> Temporary	If temporary address, please provide effective dates From ___/___/___ To ___/___/___		
Shipping Address Line 1 (Street address is preferred over PO Box)	Apt#		
Shipping Address Line 2			
City	State	Zip	
Primary Phone Number	Choose One M H W	Secondary Phone Number	Choose One M H W
Shipping Method (Expedited shipping will not rush prescription processing)			
<input type="radio"/> Standard	Free	Arrives within 5-10 days after order is shipped	
<input type="radio"/> Two Day	\$12.00	Arrives 2 business days after order is shipped	
<input type="radio"/> One Day	\$21.00	Arrives 1 business day after order is shipped	

3	Patient Information
Please only include prescriptions for patients covered under the above Member ID	
Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone

4	Payment Method	Do not send cash				
<p>You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.</p> <ul style="list-style-type: none"> We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the 1-800 number on the back of your prescription card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped. State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund. See our privacy policy for information regarding our use and disclosure of personally identifiable information. 						
<p>Signature X _____</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Credit Card: We accept VISA, MC, Discover, AMEX, Diners </td> <td style="width: 50%; padding: 5px;"> Check or Checking Account </td> </tr> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____ </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____ </td> </tr> </table>			Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account	<input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____	<input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____
Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account					
<input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____	<input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts® Pharmacy. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____					
<p>Review your account balance and pay outstanding balances anytime at express-scripts.com/rx. To change the limit of the amount we can charge your card without a call to you:</p> <ul style="list-style-type: none"> Go to express-scripts.com/rx Select Payment Information under Account, log in to your account, then Edit Information. Change the payment authorization limit <p>You can manage all account preferences at express-scripts.com/rx or call Member Services at the toll-free number on your ID card.</p>						
5	Health History					
<p>To update your allergies or health conditions: Visit us at express-scripts.com/healthform or call 877.438.4417. This information helps us protect you against potentially harmful drug interactions and allergies.</p>						
6	Important reminders and other information					
<p>If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.</p>						
<p>For additional information or help, visit us at express-scripts.com/rx or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call 1.800.759.1089.</p>						
<p>Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.</p>						
7	Generic Substitution					
<p>State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.</p> <p><input type="radio"/> I do not wish to receive a less expensive brand or generic medication.</p> <p>If the prescription is being submitted electronically, discuss with your doctor.</p>						

Place your prescription(s), order form(s)
and your payment in an envelope.
Do not use staples or paper clips.
Do not affix post it notes to form.

EXPRESS SCRIPTS® PHARMACY
PO BOX 66577
ST LOUIS, MO 63166-6577