



Humana mail-order pharmacy benefits guide

Humana[®]

PrescribeIT Rx

Consider PrescribeIT Rx

More and more Humana prescription drug plan members are using their prescription drug benefits through PrescribeIT Rx, Humana's retail and mail-order pharmacy service, for the value, safety and service it gives them. Your well-being is important to the PrescribeIT Rx team. That's why they make it simple and easy to get your medicines and supplies. Their pharmacists are available to answer your questions. They may also help you save money on your medicines.

This booklet gives you information you need to get started with PrescribeIT Rx. If you choose to use PrescribeIT, be sure to complete the form in this booklet. That way you can get your prescriptions by mail.

“
Those who use a mail-delivery pharmacy may have better outcomes to their health and fewer emergency room visits.¹
”

PrescribeIT Rx can support your everyday prescription needs

At PrescribeIT Rx, they're one pharmacy with different areas to support your needs.

No matter what medicines you get from PrescribeIT Rx, you'll have:

Opportunities to save – The pharmacy team works with you and your doctor to find medicines that cost less. If you enrolled in a Humana Medicare health prescription drug benefit plan, PrescribeIt is the preferred cost-sharing mail order pharmacy under some Humana prescription drug plans, which means you may save money on certain non-specialty medications. Refer to your Humana prescription drug plan for more information.

Mail-order options – No need to go to a pharmacy for your medication(s)—they'll mail them to you. Your prescriptions will be shipped free of charge in plain packaging to protect your confidentiality. If you need your medications right away, they also offer no-cost mail delivery in certain counties.

Easy orders – Simply bring your new prescription to one of their pharmacies. Or you can have your doctor call, fax or e-prescribe to them.

Refill reminders – No running out. Sign up for their refill reminder program and they'll let you know when it's time to reorder. You may also go to **PrescribeITRx.com** to make a refill request online.

Diabetic supplies – Depending on your plan, you may be able to receive your diabetic testing supplies for \$0. Ask their pharmacists for details. Or call us at **1-800-526-1490 (TTY: 711)**, for more information.

ScripTalk® – If you have visual or reading difficulties, they can attach a small chip to your prescription bottle. The chip can speak the information on the label to you. Ask the pharmacist for more details.

¹Scmittziel, J.A., Karter, A. J., Dyer, W., et al. (2013, November 19). The safety and effectiveness of mail order pharmacy use in diabetes patients. American Journal Managed Care. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4278640/>

What kinds of medicines and supplies are available to you?

Maintenance medicines

You can fill medicines you take regularly for conditions like high cholesterol, high blood pressure and diabetes at PrescribeIT Rx. These drugs come in a 90-day supply. This means you may only have to order them four times a year. Plus, the pharmacy team works with you and your doctor to find medicines that cost less.

Specialty medicines

Specialty medicines, which treat illnesses such as cancer, HIV and hepatitis C, often cost more than regular medicines. PrescribeIT Rx works with Humana Specialty Pharmacy® to find financial assistance resources and make these medicines available to you by mail delivery.

Over-the-counter health products

Through your prescription drug benefits, you may be eligible to receive a monthly allowance for select over-the-counter (OTC) products when you order them from PrescribeIT Rx. Some examples of OTC products include vitamins, pain relievers, cough and cold medicines, allergy medications, and first-aid materials. Refer to your prescription drug plan documents for eligibility information. Your prescriptions will arrive in the mail free of additional charge in plain, discrete packaging to protect your confidentiality and privacy.

Diabetic supplies

You may be able to get your diabetic testing supplies, including glucose meters, test strips, lancets, lancing devices and control solutions from PrescribeIT Rx. Refer to your prescription drug plan documents for eligibility information.



Getting started with PrescribeIT Rx

Filling your maintenance or specialty drugs with PrescribeIT Rx

1. Fill out the PrescribeIT Rx New Member Registration Form found on pages 5 and 6 of this booklet. This form tells PrescribeIT Rx that you want to start using their pharmacy once your plan begins.
2. Return the New Member Registration Form to PrescribeIT Rx in the return envelope included in this booklet or fax this form to **1-800-526-1491**.

Let us help!

Or, you can call **PrescribeIT Rx** at **1-800-526-1490 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

At your request, PrescribeIT Rx will contact your doctor to get your prescriptions.

Ask your doctor

Talk to your doctor about using **PrescribeIT Rx**.

Your doctor can send your prescriptions:

Electronically (e-prescribe PrescribeIT Rx) NCPDP: 1099731

By phone: **1-800-526-1490**

By fax: **1-800-526-1491**

Location

They're right where you need them—located inside medical centers close to your home. They have locations throughout Miami-Dade, Broward and Palm Beach counties. Visit their website at **PrescribeITRx.com** to find a location near you.



To get more information

visit **PrescribeITRx.com** or call **1-800-526-1490 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

PrescribeIT Rx Registration and Prescription Order Form

If you have questions, call **PrescribeIT Rx at 1-800-526-1490 (TTY: 711)**.

Customer Care specialists are available Monday – Friday, 8 a.m – 5 p.m. Eastern time.

Instructions:

- Print all information clearly in **CAPITAL LETTERS** using **BLUE** or **BLACK** in A|B|C|D 1|2|3
- Fill in the circles completely. (●)

STEP 1 - Member information

Health Plan Provider

Health Plan ID (if available)

 -

Date of Birth

 / /

Gender

 Male
 Female

First Name

Last Name

M.I.

Street Number

Street Name

Apt/Suite #

City

State

ZIP Code

 -

Daytime Phone

 - -

Evening Phone

 - -

E-mail Address - please provide your e-mail address we can send important alerts and reminders.

STEP 2 - Please complete shipping address below if different from address above.

Street Number

Street Name

Apt/Suite #

City

State

ZIP Code

 -

STEP 3 - Establish payment method

Credit/Debit Card #

Expiration Date

 /

Cardholder First Name

Cardholder Last Name

Cardholder Signature:

Use this card for this order only

In the following steps, please check or fill in all that apply.

STEP 4 – Allergies	
No known	<input type="radio"/>
Aspirin	<input type="radio"/>
Codeine	<input type="radio"/>
Peanuts	<input type="radio"/>
Penicillin	<input type="radio"/>
Sulfa	<input type="radio"/>

STEP 5 – Prescription information	
I want easy-open caps	<input type="radio"/>
I want brand-name medicines only (I understand this may cost more.)	<input type="radio"/>
I am enclosing prescriptions with this form	<input type="radio"/>

STEP 6 – Health conditions	
No Known	<input type="radio"/>
Arthritis	<input type="radio"/>
Asthma	<input type="radio"/>
Diabetes	<input type="radio"/>
GERD (acid reflux)	<input type="radio"/>
Glaucoma	<input type="radio"/>
Heart disease	<input type="radio"/>
High blood pressure	<input type="radio"/>
High cholesterol	<input type="radio"/>
Migraines	<input type="radio"/>
Osteoporosis	<input type="radio"/>
Pregnancy	<input type="radio"/>
Thyroid disease	<input type="radio"/>

STEP 7 – Other information	
Other allergies or health conditions not listed above	_____ _____ _____
I am currently taking these medications not filled at PrescribeIT Rx	_____ _____ _____
I am currently taking these over-the-counter medications and/or herbal supplements	_____ _____ _____

STEP 8 – Send form

1. Please write your name, date of birth, Humana member ID and shipping address on the back of each prescription.
2. Send this form along with your prescriptions and payment to:

PrescribeIT Rx, 10749 Marks Way, Miramar, FL 33025

Note: Prescriptions may be filled or processed by any of the PrescribeIT Rx pharmacies. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all PrescribeIT Rx sales are final. Payment is due upon shipment. Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive, generically equivalent drug for a brand drug unless you or your physician direct otherwise.

Contact information

Online

PrescribeITRx.com

Customer Care

You can call PrescribeIT Rx at **1-800-526-1490 (TTY: 711)**,
Monday – Friday, 8 a.m. – 6 p.m., Eastern time.



You should get your new prescription by mail within 10 calendar days after PrescribeIT Rx has all the necessary information.

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:

Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618

If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.

- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you.

1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.

1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك