

Maintenance Through Mail Exemption Form

This form is to be used **only** if the patient's retail pharmacy price for a 90-day supply of maintenance medication (30 day supply X 3) is less than Express Scripts' mail price for a 90-day supply. If you complete this form and provide supporting documentation, once approved by Express Scripts, the Maintenance Through Mail benefit differential will be waived for up to 12 months.

If your prescription claim is being appealed for any other reason, please do not use this form. Contact Express Scripts directly at 1-866-677-8637 for information regarding other appeal processes.

Please print legibly.

Patient's Legal Name _____

Express Scripts ID number (from your Express Scripts/Medco member card) _____

Group Number: EJRXPLAN RXBin: 610014

Instructions:

- **Attach an itemized retail pharmacy receipt to this form that includes the total price of the drug, quantity, and drug strength.** If you are requesting exemption for more than one maintenance prescription, you may complete this form one time and attached itemized receipts for each prescription.
- **Fax this form and supporting itemized receipts to Express Scripts at 877-328-9660.**

Express Scripts will notify you in writing of the decision within 15 days of receipt. If the exception is granted, the exception will be in place for 12 months.

For questions, please contact Express Scripts directly at 1-866-677-8637.