

## Maintenance Through Mail Exemption Form for Retail Coupons

This form is to be used only if the patient's cost for a 90-day supply of medication (30-day supply X 3) is less at a retail pharmacy **only when using a drug manufacturer coupon** 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.

### **Instructions**

To qualify for an exception, your physician must certify that lower-cost alternatives are not acceptable.

**Step 1:** Log on to your Express Scripts member website at [www.express-scripts.com](http://www.express-scripts.com). Or access Express Scripts' site through single sign on from JonesLink/JonesNet:

**Home office associates:** Associate Info > Jones Associate Connection > Benefits/401(k) > Express Scripts Rx Member Portal

**Branch associates:** Working at Jones > Personal & Job Information > Benefits/401(k) > Express Scripts Rx Member Portal

Follow the link to **Price a Medication**, and enter the drug for which you have a coupon. Print the list of alternative drugs and show it to your physician.

**Step 2:** Your physician must review the alternative medications. If he/she agrees that the lower-cost alternatives aren't appropriate for you, your physician must complete the Physician Certification section on page 2 of this form.

**Step 3:** Once the physician certification is complete, please fax this form to Express Scripts at 877-328-9660, along with the following supporting documentation:

- **An itemized retail pharmacy receipt that includes the total price of the drug, quantity, and drug strength**
- **A copy of the manufacturer coupon**
- **The *Price a Medication* alternative drug list**

If you are requesting exemption for more than one maintenance prescription, you and your physician are required to complete a separate form for each medication.

Express Scripts will notify you in writing of the decision within 15 days of receipt. Incomplete submissions will be denied. For questions on the status of your appeal, please contact Express Scripts directly at 866-677-8637.

For general questions regarding the appeal process and how to complete this form, please contact the Edward Jones HRHELP team at 800-440-3060.

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

## Maintenance Through Mail Exemption Form for Retail Coupons

*Please print legibly.*

### Patient Information

Patient's Legal Name \_\_\_\_\_

Express Scripts ID number (from your Express Scripts member card) \_\_\_\_\_

Group Number: EJRXPLAN RXBin: 610014

### Physician Certification

This patient is unable to take any of the lower-cost alternatives for one or more of the following reasons:

- Adverse reaction, allergy, or sensitivity to the lower-cost alternative(s)
- Therapeutic failure with the lower-cost alternative(s)
- Transitioning to a lower-cost alternative could result in destabilization or unnecessary risk to the patient

\_\_\_\_\_  
Physician Signature Date

Please fax this form to Express Scripts at 877-328-9660, along with the following supporting documentation:

- **An itemized retail pharmacy receipt that includes the total price of the drug, quantity, and drug strength**
- **A copy of the manufacturer coupon**
- **The alternative drug list found on Express Scripts website under *Price a Medication* link**