

BlueCross BlueShield of Tennessee offers Caremark Prescription Home Delivery to our fully insured commercial members. This benefit is also available to some self-funded members, so please ask your patient. This benefit provides BlueCross BlueShield of Tennessee members the convenience and privacy of prescription delivery to their home or work.

As the member's physician, you play an important role in this benefit option. Your quick review of this information will benefit your patient, especially if you prescribe according to the following suggestions:

**Long-term prescriptions: Up to a three-month's supply, if appropriate**

Long-term prescriptions maximize patient convenience. If your patient is taking a long-term medication, ask if they have a home delivery option. If your patient would like to take advantage of the home delivery option, please write your patient two prescriptions:

- 1) One for a one-month's supply (30 days in standard plans) to be filled at the local pharmacy, and
- 2) One for the maximum days supply allowed with as many as three refills, if appropriate. The supply may be up to a three-month's supply (90 days in standard plans), if applicable to the member's health benefits plan.

**Refills**, when authorized by the physician, are permitted to a maximum of one year.

**Generic substitution whenever medically appropriate**

This request is not intended to compromise your judgment, nor is it a request to order medication that will not be used. It is a request to prescribe generic medications when appropriate. Please be aware that your patient may be required to pay additional out-of-pocket cost for a brand name medication if it has a generic equivalent.

**Write the prescription with the regulatory and mail service benefit guidelines**

Please specify the exact quantity and, if appropriate, allow the maximum number of refills for a one-year prescription. When applicable, please include your DEA number. Please include daily directions, proper strength, the exact number of refills, and generic names of the medication. (See example below)

*Does allow for mail service days supply:*

For Paul Patient  
Address \_\_\_\_\_ Date 10/14  
Refill 3 times  
Triam/ACTZ #180  
take 2 tablets daily  
Dr. Philgood  
Substitution Permissible \_\_\_\_\_  
DEA No. \_\_\_\_\_ Address \_\_\_\_\_  
In order for a brand name-product to be dispensed, the prescriber must hand-write 'Brand Necessary' or 'Brand Medically Necessary' in the space at right.

\*We will dispense #180 as this is a 90-day supply and is indicated by the doctor.

*Does not allow for mail service days supply:*

For Paul Patient  
Address \_\_\_\_\_ Date 10/14  
Refill 2 times  
Triam/ACTZ #60  
take 2 tablets daily  
Dr. Philgood  
Substitution Permissible \_\_\_\_\_  
DEA No. \_\_\_\_\_ Address \_\_\_\_\_  
In order for a brand name-product to be dispensed, the prescriber must hand-write 'Brand Necessary' or 'Brand Medically Necessary' in the space at right.

This is the maximum amount we can dispense by law. (This equals a 30-day supply.)