

Medication Home Delivery

Share information about this service with your patients to help improve medication adherence and health outcomes.



According to the American College of Preventive Medicine, up to 50 percent of treatment failures may be tied to medication non-adherence.¹ But, the good news is research shows this outcome can be improved when medications are delivered directly to patients' homes.²

To help address potential adherence issues, UnitedHealthcare offers our medication home delivery service to all Medicare Advantage members enrolled in plans with Part D prescription coverage. Our goal is to help support your treatment plan and make it easier for your patients who are UnitedHealthcare plan members to fill and take their prescribed medications on time. Ultimately, we hope to make a positive impact on adherence – and help meet quality care standards.

What are the benefits of home delivery?

A home delivery program can help patients:

- 1 Improve medication adherence:** Research shows medication adherence is higher among patients who fill their prescriptions through home delivery versus a retail pharmacy.³
- 2 Overcome access challenges:** Patients with limited mobility or transportation don't need to worry about traveling to a pharmacy.
- 3 Reduce refills:** With home delivery, patients normally fill a three-month supply of their maintenance medication, so they only have to refill four times a year.
- 4 Control costs:** Out-of-pocket costs are often lower for patients who use home delivery.
- 5 Simplify refills and renewals:** UnitedHealthcare Medicare Advantage Part D plan members can visit [OptumRx.com](https://www.optumrx.com) or call **800-791-7658** to order refills. We're also happy to work with you on new prescription requests.

Does home delivery require a copay?

We offer \$0 copays⁴ for Tier 1 medications for most plans when UnitedHealthcare Medicare Advantage Part D members use their preferred home delivery pharmacy benefit through OptumRx®, our pharmacy services administrator.

PATH



UnitedHealthcare®

¹ American College of Preventive Medicine, [acpm.org/?MedAdhereTTProviders](https://www.acpm.org/?MedAdhereTTProviders)

² Journal of Managed Care & Specialty Pharmacy 2014, 20 (8): 851-61

³ L. Zhang, Y. Fan, K. Stockl, P. Sun, H. Lew, and B. Solow. Medication Adherence Among Mail-Order Pharmacy Users Versus Retail Pharmacy Users With 90-Day Supply Prescription Fills. Poster session at the Annual Meeting of the Academy of Managed Care Pharmacy, San Diego, CA, April 2015.

⁴ \$0 copay may be restricted to particular tiers, preferred medications, or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage. Please note this doesn't apply to all UnitedHealthcare Medicare Advantage plans.

How can my eligible patients get started?

It's easy – simply follow these steps:

- **Call** the customer service number on the back of their member health plan ID card to confirm they have a preferred home delivery pharmacy benefit.
- **Write** each long-term prescription for a three-month supply, plus three refills.
- **Send** their prescriptions to OptumRx by e-prescribing or fax, if the patient chooses this pharmacy option.



E-prescribing:

OptumRx Mail Service

Org. ID 33115, NCPDP ID 0556540, PID P00000000020173 (nine leading zeros)

Address field:

2858 Loker Ave. East, Suite 100
Carlsbad, CA 92010

- Be sure to include the NCPDP ID number. It's required to connect and send an electric prescription to OptumRx.
- Check that the prescriber doesn't have multiple profiles listed for OptumRx. If multiple profiles are shown, delete those that don't match the OptumRx Mail Service information listed above.
- Verify the address field matches what's listed above. The prescription will default to fax if the address is different.



Fax: 800-491-7997

- Please complete and send the Quick Fax order form on the next page.

Contact us to learn more. For more information about medication home delivery, please call OptumRx at **800-791-7658**. To learn more about how our programs can help support your patients who are UnitedHealthcare Medicare Advantage plan members, please contact your UnitedHealthcare representative. Thank you.

OptumRx Disclaimer: Members are not required to use OptumRx home delivery for a supply of their maintenance medication. If members have not used OptumRx home delivery, they must approve the first prescription order sent directly from their doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within 10 business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at **800-791-7658**, TTY **711**. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.



QUICK-FAX 1-800-491-7997

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Physician, please provide:

- Complete member information
- Complete prescription information
- 90 day supply is preferred

Customer service phone number: **1-800-562-6223**

Physician's line: **1-800-791-7658**

Note: Schedule II medications cannot be faxed

| | | | | | |
|--|--|------------------------|---|--|-----------------|
| 1 Member information | | | | | |
| Last name | | First name | | MI | Gender OM OF |
| Date of birth (mm/dd/yyyy) | | Insurance ID number | | Phone number with area code | |
| Delivery address | | | | | Apt. # |
| City | | State | ZIP | Alternate phone number with area code | |
| Drug allergies <input type="radio"/> None known <input type="radio"/> Others <input type="radio"/> Penicillin <input type="radio"/> Cephalosporins <input type="radio"/> Ampicillin _____ <input type="radio"/> Sulfa <input type="radio"/> Erythromycin <input type="radio"/> Aspirin _____ <input type="radio"/> Codeine <input type="radio"/> Tetracycline <input type="radio"/> Quinolone _____ | | | Health conditions <input type="radio"/> High blood pressure <input type="radio"/> Others <input type="radio"/> Diabetes <input type="radio"/> Arthritis <input type="radio"/> High cholesterol _____ <input type="radio"/> Glaucoma <input type="radio"/> Asthma <input type="radio"/> Thyroid disease _____ <input type="radio"/> Osteoporosis <input type="radio"/> Cancer <input type="radio"/> Heart condition _____ | | |
| 2 Physician and prescription information — physician to complete this section | | | | | |
| Medication (Strength, dosage form and formulation) Directions Quantity Refills: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> Other: _____ Dispense as written: <input type="radio"/> Yes | | | Medication (Strength, dosage form and formulation) Directions Quantity Refills: <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> Other: _____ Dispense as written: <input type="radio"/> Yes | | |
| Physician's name | | | | NPI | DEA |
| Street | | | | | |
| City | | | | State | ZIP |
| Phone | | | Date | | |
| Signature | | | | | Date |

Sign and fax back to: 1-800-491-7997

[alt fax: 1-760-476-0406]

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