

HALL HEALTH MAIL ORDER PROGRAM AGREEMENT FOR THE GRADUATE APPOINTEE INSURANCE PLAN (GAIP)

The Mail Order program is a plan benefit for the Graduate Appointee Insurance Plan (GAIP). The plan is designed so the patient may get up to a 90 day supplies of their maintenance medications. Maintenance medications are those medications that a patient is established on and takes on a continual basis at regular intervals. The orders will be processed as follows:

1. A shipping and handling fee, a minimum of \$5.00 will be added to your medication order to cover postage costs. Items that are over 12 ounces will incur a higher amount.
2. The co-pays will be processed as for a 3 month fill regardless of how many days supply of medication are sent out, not to exceed the 90 day limit. The co-pay totals for up to 90 days are as follows:
 - Generic Formulary..... **\$10** for up to 90 days
 - Brand Formulary.....**\$40** for up to 90 days
 - Non-Formulary.....**\$80** for up to 90 days

The UWMC Pharmacy and Therapeutics Committee define a Formulary Medication as a therapeutic agent that has been approved for routine dispensing by the pharmacy. The GAIP plan has adopted the UWMC Formulary and the co-pays are applied accordingly.

3. In the event of insufficient time for mail delivery, (7-10 days), you may drop by the pharmacy and request a one month supply of medication. The following co-pay schedule applies:

Generic Formulary.....	\$10
Brand Formulary.....	\$25
Non-Formulary.....	\$35

4. If prescriptions have been mailed out and the patient has not yet received them, he/she **must pay the full RETAIL price** for any amount of medication that must be picked up to cover him/her until the mail ordered supply arrives. Insurance co-pays do not apply for the additional fill of medication. Insurance will not process or make payment for supplies that are filled to bridge the gap between dispensing. A new prescription from the physician may be necessary. (See #10)

5. Eligible dependants of a GAIP participant may also receive mail order prescriptions but must pay the full retail price and self-submit a claim to WPAS, the plan administrator, as is the system for one-time/single month prescriptions.

6. Each participant (appointees and dependents) will have a separate mailing, which cannot be combined with any other patient including dependents in the same household.

7. To be able to participate in the mail order program, a **Registration Form** must be completed in advance of a mailing each school year at Rubenstein Pharmacy, updating all information including signing a statement of payment responsibility. We must have a **signed original** copy on file.

8. It is the participant's responsibility to notify the pharmacy of any changes in address, phone number, payment method, or insurance coverage to avoid delay or re-routing of mailed prescriptions.

9. The pharmacy assumes no responsibility for lost or stolen medications. The pharmacy will not mail to campus mailboxes or a work address. It must be a P.O. Box or a home address. ***It is advisable to REQUEST postal insurance when the retail replacement cost of the medication is more than the patient would be willing to spend should the package get lost in the mail. The University of Washington Student Insurance plan DOES***

NOT replace lost or stolen medications. If lost, neither the UW Insurance plan nor the pharmacy will pay for the medication again until the appropriate time has passed for the prescription to be eligible to fill under insurance again. The patient would then need to pay the FULL RETAIL price to replace the lost medication. If insured and lost, the U.S. Post Office would be responsible to reimburse the patient the replacement cost of the medications. The patient may call the pharmacy to get an estimate of the U.S Postal mail delivery insurance price. The pharmacy suggests that in the event any mail-order in which the replacement cost would exceed \$400 be insured through the United States Post Office. If the patient agrees, the only time that there would be insurance added and a minimal charge added would be in the case that the replacement cost does indeed reach the \$400 value. All other mail orders would remain without postal insurance unless specified by the patient.

10. The patient must call the pharmacy and request the prescription be refilled, **choosing the option #2 for mail-order**. The patient must be prepared to wait 7 to 10 days before receiving his/her prescriptions. **If there is not 90 days' worth of a medication left and the patient would like the full 90-day refill authorized on the plan, the patient must allow an additional 48 hours for the pharmacy to contact the prescribing physician to receive a new prescription to authorize the 90-day refill.**

11. Most maintenance medications (those that are chronic medications with scheduled daily medication administration) will fall under the mail order authorization guidelines with the exception of those listed below.

ITEMS NOT CURRENTLY ELIGIBLE FOR THE MAIL ORDER PROGRAM INCLUDE, BUT ARE NOT LIMITED TO:

- A. Perishable (refrigeration required) medications for which proper handling and temperature control during shipping cannot be guaranteed.
- B. Controlled substances
- C. Items that are subject to manufacturer's allocation.
- D. Medications that are subject to patient enrollment programs
- E. Antibiotics for Acute infections
- F. Medications in which quantity or duration is restricted by the prescriber or the insurance company.
- G. Fragile Items that require special handling
- H. Medications will be packaged for delivery to destinations within the United States. We do not ship internationally.
- I. Items for which the medication expiration date is less than 90 days.
- J. Medication for use on an as needed basis (i.e., variable dosing schedule or occasional use) is not eligible for this delivery service. Eligible medications include items for the treatment of chronic conditions with scheduled daily medication administration.

For questions concerning the mail order program, contact Rubenstein Pharmacy at Hall Health at **206-685-1021 ext #6**. (Choose option #2 to order)