



A Safe, Accurate and Convenient Prescription Home-Delivery Service

If you have Humana-insured patients who are concerned about their prescription drug costs, are having difficulty getting their prescriptions filled or are interested in a new pharmacy solution, then *RightSourceRx* might be the answer for them.

With *RightSourceRx*, Humana members receive the following:

Accuracy and safety

- Two or more *RightSourceRx* pharmacists review each new prescription for accuracy and possible drug-to-drug or drug-to-disease interactions
- Pharmacists compare each filled prescription to a catalog photo
- *RightSourceRx* uses foil-sealed containers to prevent tampering

Convenient home delivery by mail

- We deliver directly to members' homes by mail to save them time and effort
- Members can order up to a three-month supply from the comfort of their homes
- Members can use their local pharmacy for immediate needs, such as pain medications, antibiotics and other short-term prescriptions, but can utilize *RightSourceRx* for maintenance or long-term medications

Easy payment and cost savings

- With 90-day pricing, low-cost alternatives and home delivery by mail, *RightSourceRx* may help reduce your Humana-insured patient's prescription drug costs. Some Medicare members may even receive Tier 1 generic prescriptions for a \$0 copayment
- *RightSourceRx* offers several payment options, including the HumanaAccessSM Visa[®] Debit Card, other major credit cards, personal checks or money orders

Integrated Service

- Humana members can speak directly with a pharmacist or technician when questions arise
- *RightSourceRx* lets members know the status of their order via e-mail or phone. We also notify members when their prescriptions are ready to be refilled

How to prescribe with *RightSourceRx*:

If your Humana-insured patient requests *RightSourceRx*, you can submit new prescriptions for them electronically. If you have electronic prescribing capabilities, you can transmit your patient's three-month-supply prescription directly to *RightSourceRx*. Simply choose "*RightSourceRx*" from the list of available pharmacies. You can also call **1-800-379-0092** or fax the form on the back of this sheet to *RightSourceRx* at 1-800-379-7617. Additional fax forms are available online at **RightSourceRx.com**. Please note that patients cannot fax their own prescriptions to *RightSourceRx*. Only physicians can fax prescriptions. Find out more online at **RightSourceRx.com**.

Note: Drugs with quantity limits or requiring prior authorization must be approved by Humana Clinical Pharmacy Review (HCPR). To contact HCPR, please call 1-800-555-2546 or fax your prior authorization request to 1-877-486-2621.

If your Humana-insured patient will be using *RightSourceRx*, please be sure to write the prescription for up to a three-month supply and indicate the number of refills. If a generic substitute is available, and allowed by you, *RightSourceRx* will dispense the generic medication.

If your Humana-insured patient is a member of a state pharmaceutical assistance program, please have him or her contact the program to verify that *RightSourceRx* can coordinate with that program. Other mail-order pharmacies are available in our network.



Member Information

Member ID (found on Humana ID card) - Date of Birth / / Gender
 Male
 Female

First Name Last Name

Street Number Street Name Apt/Suite #

City State ZIP Code -

Phone Number - - Allergies: No Known Aspirin Codeine Penicillin
 Peanuts Sulfa Other _____

Prescriber Information

Prescriber First Name Prescriber Last Name

DEA Number NPI Number

Street Number Street Name Suite #

City State ZIP Code -

Phone Number - - Fax Number - -

Prescription Information

RX

Must be completed and faxed from Provider office - This is not valid for CII Medications.
 We will dispense a 90 day supply unless quantity is otherwise noted.

	Drug Name and Strength	Directions	Quantity	# of Refills	Initial for DAW
1.					
2.					
3.					

Prescriber Signature _____ Today's Date ____ / ____ / ____

Please fax completed form with cover sheet to **RightSourceRx: 1-800-379-7617**

For additional Physician Fax forms, go to **RightSourceRx.com**

Prescriber Quick Reference Guide

HUMANA PRESCRIBING INFORMATION FOR PROVIDERS

Web Site	Humana.com		
Prescription Tools Online	www.humana.com/providers/tools/prescription_tools/ (For drug-specific requirements: www.humana.com/providers/tools/prescription_tools/provider_drug_list.asp)		
Claims Address (Physician Administered Injectables)	Commercial: Humana Claims P.O. Box 14610 Lexington, KY 40512-4610	Medicare: Humana Claims P.O. Box 14601 Lexington, KY 40512-4601	
Medication Questions from Members	Commercial: 1-800-281-6918	Medicare: 1-800-457-4708	
Humana Clinical Pharmacy Review <ul style="list-style-type: none"> ▪ Medication Prior Authorization (PA) ▪ Step Therapy ▪ Quantity Limits ▪ Medication Exceptions 	For medication supplied by a pharmacy and billed through the pharmacy benefit		
	Authorization Process	<ul style="list-style-type: none"> ▪ Obtain forms online – www.humana.com/providers/tools/prescription_tools/prior_authorization.asp ▪ Submit request by fax – 1-877-486-2621 ▪ View Humana drug lists – www.humana.com/providers/tools/prescription_tools/provider_drug_list.asp 	
	Requirements on Fax Form	<ul style="list-style-type: none"> ▪ Tax identification number of prescriber ▪ Address of member ▪ Address of prescriber ▪ Time period and outcome of past therapy tried/failed 	NOTE: Include medical records ONLY for medical necessity or off-label use review (not for every submission).
	Questions	1-800-555-CLIN (1-800-555-2546); Monday-Friday, 8 a.m. to 12 a.m. Eastern time	
	Exceptions by Mail	Medicare – HCPR Attn: Medicare Coverage Determinations, P.O. Box 33008, Louisville, KY 40232 Commercial – HCPR Attn: Prior Authorizations, P.O. Box 33008, Louisville, KY 40232 Fax: 1-877-486-2621	
	Medication Appeals	Commercial: Fax: 502-580-6363 Humana Appeals P.O. Box 14546 Lexington, KY 40512-4546	Medicare: Fax: 1-800-949-2961 Humana Appeals P.O. Box 14165 Lexington, KY 40512-4165
Medication Precertification	For medication supplied and administered in a physician's office and billed as a medical claim		
	Medication Intake Team (MIT) Precertification Process	<ul style="list-style-type: none"> ▪ Obtain forms online at www.humana.com/providers/tools/prescription_tools/pre_certification.asp or by calling MIT at 1-866-461-7273, Monday-Friday, 8 a.m. to 6 p.m. Eastern time ▪ Submit request by fax – 1-888-447-3430 ▪ View preauthorization and notification lists online at www.humana.com/providers/tools/claims/pre_authorization.asp 	
	Questions	1-866-461-7273, Monday-Friday, 8 a.m. to 6 p.m. Eastern time	
OTHER HUMANA CONTACT INFORMATION			
Humana Clinical Pharmacy Review	1-800-555-CLIN (1-800-555-2546) (Fax: 1-877-486-2621); Monday-Friday, 8 a.m. to 12 a.m. Eastern time		
Medication Intake Team (MIT)	1-866-461-7273 (Fax: 1-888-447-3430), Monday-Friday, 8 a.m. to 6 p.m. Eastern time		
RightSourceRxSM (Rx Home Delivery)	1-800-379-0092 (Fax: 1-800-379-7617), Monday-Friday, 8 a.m. to 11 p.m. Eastern time; Saturday, 8 a.m. to 6:30 p.m.; RightSourceRx.com		
RightSourceRx SpecialtySM	1-800-486-2668 (Fax: 1-877-405-7940), Monday-Friday, 8 a.m. to 8 p.m. Eastern time; RightSourceRx.com/Specialty		