



CVS/caremark Mail Service Pharmacy Program: Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) Mail Order Prescription Service

You're important to us at Molina Dual Options MyCare Ohio. So we'd like to offer you a way to save time and money with Molina Dual Options MyCare Ohio's mail order prescription service. If you take one or more medications regularly (known as long-term drugs), we partner with **CVS/caremark Mail Service Pharmacy Program** to mail them right to your home! Each order contains up to a 90-day supply per prescription. No more trips to the pharmacy or waiting in line—your medicine comes to you!

Receive your long-term drugs at home in 3 easy steps:

1

Make sure your drugs are available through the CVS/caremark Mail Service Pharmacy Program Some long-term drugs aren't available through mail order. Check our Formulary (List of Covered Drugs) or call our Member Services at (855) 665-4623, TTY: 711, Monday through Friday, 8 a.m. to 8 p.m., local time to find out which ones are available.

Ask your doctor to write a 90-day prescription

Talk to your doctor about the mail order prescription service. To start, your doctor will write a 90-day prescription with up to three refills (if appropriate). This is the maximum supply your doctor can prescribe.

Note: If you need your drugs right away, ask your doctor for a 30-day prescription. You can fill it at a network pharmacy while you wait for your mail order to arrive.

Choose one of these options to receive your orders:



Complete the CVS/caremark Mail Service Order Form attached to this letter. Mail the completed form and your 90-day prescription to the address printed on the form.



Sign up online at <u>caremark.com</u>. If this is your first time on the website, click on Register now to create an account. Once you log in, click Prescriptions for a drop down menu, select Start Mail Service, then follow the online steps.



Call our Member Services at (855) 665-4623, TTY: 711 and we can help you place your order with CVS/caremark. We will transfer you directly to a CVS/caremark agent so they can assist you with your mail order.



Ask your doctor to send your prescription to a network pharmacy. Their office can call, fax, or ePrescribe your prescription to CVS/caremark. Be sure to give your doctor your Member number (on your Plan ID card), date of birth, and mailing address.

That's it! **Once CVS/caremark receives your order, your prescriptions will arrive in the mail in 10 days.** If you have any questions or if your medicine does not arrive on time, please call Member Services at (855) 665-4623, TTY: 711.

When it's time to refill your long-term drug prescription...

You can choose to receive a reminder when your long-term prescriptions need to be refilled. CVS/caremark will call, email, or text message you the date you can refill your long-term drugs. **You can place your refill order by mail, online, or by phone.** If you request a refill too soon, CVS/caremark will let you know when you can request a refill. Once CVS/caremark receives your refill order, you will receive your prescriptions in the mail in 10 days.

If you have any questions or need help with the CVS/caremark Mail Service Pharmacy Program, please call Member Services at (855) 665-4623, TTY: 711. We are here to help!

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.



	Mail this form to:	
Member ID # (if not shown or if different from above)	ılınılınınınılınılınlınılınılınılınılın	
Instructions:		
Please use blue or black ink and print in capital letters. Fill in both sides of this form.		
New Prescriptions – Mail your new prescriptions with		
Refills – Order by Web, phone, or write in Rx number(s) below. Number of Refill prescriptions: TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call the toll-free number on your member ID card.		
A Shipping Address. To ship to an address different from the one printed above, enter the changes here.		
Last Name	First Name MI Suffix (JR, SR)	
Street Address	Apt./Suite #	
	for this order only.	
City	State ZIP Code	
Daytime Phone #:	Evening Phone #:	
B Refills. To order mail service refills, enter your prescription number(s) here.		
1) 2)	3) 4)	
5) 6)	7) 8)	
CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.		
We may package all of these prescriptions together unless you tell us not to.		
All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.		
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C Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

First person with a refill or new prescription.	() Spanish forms and labels
	Suffix (JR,SR)
Gender: () M () F Date of birt	
	te new prescription written:
Doctor's last name Doctor's first name	 Doctor's phone #
Tell us about new health information for 1st person if never pro	•
Allergies: None Aspirin Cephalosporin Codeine Sulfa Other:	
Medical conditions: () Arthritis () Asthma () Diabetes () Acid () High blood pressure () High cholesterol () Migraine () (() Other:	Osteoporosis () Prostate issues () Thyroid
Second person with a refill or new prescription.	⊖ Spanish forms and labels
	Suffix (JR,SR)
Gender: () M () F Date of birt	
	te new prescription written:
Doctor's last name Doctor's first name Fell us about new health information for 2nd person if never pr	Doctor's phone #
Allergies: () None () Aspirin () Cephalosporin () Codeine () Sulfa () Other: () Medical conditions: () Arthritis () Asthma () Diabetes () Acid () High blood pressure () High cholesterol () Migraine () Other	reflux () Glaucoma () Heart problem Osteoporosis () Prostate issues () Thyroid
() Other:	
pecial instructions:	
ow would you like to pay for this order? (If your copay is \$0, y	you do not need to provide payment information.)
O Electronic check. Pay from your bank account. (You must fire	st register online or call Customer Care.)
Credit or debit card. (VISA®, MasterCard®, Discover®, or Ame	erican Express®)
) Use your card on file.	
O Use a new card or update your card's expiration date.	
Exp. Date	
Check or money order. Amount: \$	Credit card holder signature/Date
Make check or money order payable to CVS Caremark.	Regular delivery is free and takes up to 5 days after your order is processed.
 Write your prescription benefit ID number on your check or money order. 	If you want faster delivery, choose:
 If your check is returned, we will charge you up to \$40. 	can only be sent to a
Payment for balance due and future orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.	 () Next business day (\$23) street address, not a PO Box Expected processing time from receipt of this form: Refills: 1-2 days New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)
Fill in this oval if you DO NOT want us to use this payment method for future orders.	
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