

CVS/caremark Mail Service Pharmacy Program: Molina Healthcare's Mail Order Prescription Service

You're important to us at Molina Healthcare. So we'd like to offer you a way to save time and money with Molina Healthcare'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:

Make sure your drugs are available through the CVS/caremark Mail Service Pharmacy Program

Some

Some long-term drugs *aren't* available through mail order. Check our Formulary (List of Covered Drugs) or call our Member Services at (800) 665-3086, TTY users please call 711, October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m., local time, April 1 - September 30: Monday – 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

(2)

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, payment (if required), and your 90-day prescription to the address printed on the form.



Sign up online at www.caremark.com. 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 CVS/caremark at (866) 232-5416, TTY: 711, 24/7. Provide your Member number (on your Plan ID), your prescription names, doctor's name and phone number, and your mailing address.



Ask your doctor to place the order for you. Their office can call, fax, or ePrescribe your prescription to CVS/caremark at (866) 232-5416, TTY: 711, 24/7. Be sure to give your doctor your Member number (on you Plan ID card), date of birth, and mailing address so they can place the order.

That's it! Once CVS/caremark receives your order and payment (if required), 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 CVS/caremark at (866) 232-5416, TTY: 711, 24/7.

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 and payment (if required), 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 our Pharmacy Call Center at (800) 665-3086, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m., local time. We are here to help!

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 665-3086 TTY: 711. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx



	Mail this form to:
Member ID # (if not shown or if different from above)	- - - - - - - - - - - - -
Prescription Plan Sponsor or Company Name	
Instructions: Please use blue or black ink and print in capital le	ttore. Fill in both eidos of this form
New Prescriptions – Mail your new prescriptions with	
Refills – Order by Web, phone, or write in Rx number(TO RECEIVE YOUR ORDER SOONER request refil or call the toll-free number on your member ID card.	s) below. Number of Refill prescriptions:
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 # Use shipping address for this order only.
City	State ZIP Code — — — — — — — — — — — — — — — — — — —
Daytime Phone #:	Evening Phone #:
B Refills. To order mail service refills, enter your pre	scription number(s) here.

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.

6)

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.



8)



First person with a refill or new p	orescription.			○ Spanis	n forms and label
LASTNAME		F I R S	T NAME	M	Suffix (JR,SR)
NICKNAME		Date of birt	h: MM-DD	- Y Y Y Y	
E-mail address:		Da	te new prescrip	otion written:_	
Doctor's last name	Doctor's fir	rst name	Doo	tor's phone #	
	ation for 1st pers	rin () Codeine		•	nuts () Penicillii
Medical conditions: ○ Arthritis ○ ○ High blood pressure ○ High ○ Other:		abetes () Acid Migraine () (1	◯ Heart problem sues ◯ Thyroid
Second person with a refill or ne	w prescription.			() Spanisl	n forms and label
LASTNAME		F I R S	T NAME	M	Suffix (JR,SR)
NICKNAME		Date of birt	h: MM-DD	- Y Y Y Y	
E-mail address:		Da	te new prescrip	otion written:_	
Doctor's last name	Doctor's fir	rst name		tor's phone #	
Tell us about new health informa	ation for 2nd ne	rson if never n		<u> </u>	
○ Sulfa ○ Other: _ Medical conditions: ○ Arthritis ○	Asthma ODia	abetes () Acid	reflux	() Glaucoma	
Sulfa Other: Medical conditions: Arthritis O High blood pressure High Other:	Asthma ODia	abetes () Acid Migraine ()	reflux	() Glaucoma	
Osulfa Other: Medical conditions: Orthritis Orthritis High blood pressure Orthritis High	Asthma ODia	abetes () Acid Migraine ()	reflux	() Glaucoma	
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Osulfa Other: Medical conditions: Arthritis High blood pressure Other: Special instructions: How would you like to pay for the Electronic check. Pay from you Credit or debit card. (VISA®, Note to the condition of the condition	Asthma Dia cholesterol Dia cholesterol MasterCard®, Dis ur card's expirate D	abetes Acid Migraine 0 ur copay is \$0, y t. (You must fir	reflux Osteoporosis ou do not need st register onlir erican Express	OGlaucoma O Prostate is: to provide pay ne or call Custo	Heart problem sues Thyroic Thy
Medical conditions: Arthritis High blood pressure High Other: Special instructions: How would you like to pay for the Electronic check. Pay from you have a new card or update you have a new card or update you have check or money order. Amout the Make check or money order.	Asthma Dia cholesterol Dia cho	abetes Acid Migraine ur copay is \$0, y t. (You must fir scover®, or Ametion date. xp. MMYY aremark. bur	reflux Osteoporosis You do not need st register online erican Express Credit of Regular delived ays after you lif you want to	OGlaucoma O Prostate is: to provide pay ne or call Custo	Heart problemsues Thyroic ment information. omer Care.) nature/Date d takes up to 5 essed. y, choose: Faster delivery can only be
Medical conditions: Arthritis High blood pressure High Other: Special instructions: How would you like to pay for the Electronic check. Pay from you have your card on file. Use your card on file. Use a new card or update you have your card or update your card on file. Check or money order. Amout Make check or money order pates.	Asthma Dia cholesterol Dia cholesterol Dia cholesterol Dia cholesterol Dia cholesterol Dia charge you uputure orders: If bit card, we will use cholesterol Dia charge, we will use cholesterol Dia charge, we will use charge, we will use charge, we will use charge you uputure orders: If bit card, we will use charge, we will use charge, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders: If bit card, we will use charge you uputure orders.	abetes Acid Migraine O ur copay is \$0, y t. (You must fir scover®, or Ame tion date. xp. MMYY aremark. our to \$40. you choose use it to pay	reflux Osteoporosis rou do not need st register onlir erican Express Credit of Regular deliv days after you If you want to 2nd bu Next b Expected proce Refills: 1-2 days New/renewed p information is no	OGlaucoma O Prostate is: to provide pay ne or call Custo ard holder sig very is free an ur order is proc faster deliver usiness day (susiness day (susiness day (sessing time from	ment information. ment information. mer Care.) nature/Date d takes up to 5 essed. y, choose: 517) Faster delivery can only be sent to a street address, not a PO Box a receipt of this form of days unless additional tor