

**CVS/caremark Mail Service Pharmacy Program:
Molina Medicare Complete Care
Mail Order Prescription Service**



You're important to us at Molina Medicare Complete Care. So we'd like to offer you a way to save time and money with our 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 (877) 353-0185, 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 to find out which ones are available.

②

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.

③

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* and then follow the online steps.



Call CVS/caremark at (844) 757-0423 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 (844) 757-0423, TTY: 711, 24/7. Be sure to give your doctor your member number (on your 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 (844) 757-0423, 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 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 (877) 353-0185, (TTY 711). The call is free.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (877) 353-0185 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (877) 353-0185 (TTY 711).

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee aká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih (877) 353-0185 (TTY 711).


Senior Whole Health 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.



Mail Service Order Form

Member ID # (if not shown or if different from above)
<input type="text"/>
Prescription Plan Sponsor or Company Name

Mail this form to:



CVS Caremark
PO BOX 659541
SAN ANTONIO, TX 78265-9541

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 this form.

Number of **New** prescriptions:

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite #	<input type="radio"/> Use shipping address for this order only.	
<input type="text"/>	<input type="text"/>		
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>	Evening Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>		

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.



