



# 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:

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.

3

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 Service Order Form**

	Mail this form to:
Member ID # (if not shown or if different from above)  Prescription plan sponsor name	lint   lint   lint  lint   lint  l
Choose one of three ways to order: Online: Visit Caremark.com By phone: Call us at the number on your member II By mail: Complete both sides of this form and mail it check or credit card information. For new prescription	with your
to include your original paper prescription. Please use	e black or
<b>A</b> Shipping Address. To ship to an address different	
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.</b> To order mail service refills, enter the Rx number(s) found on your prescription label.	
1)2)	3)4)
5)6)	7) 8)
equivalent generic medications for brand name me	e lowest possible price, CVS Caremark will substitute edications whenever possible. If you do not want us ructions, including medication names, in the "Special

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.



Tell us about the member who the prescriptions are for: Fill in oval to receive mail service forms and prescription drug labels in Spanish: Suffix (JR,SR) Gender: 

M Date of birth: E-mail address: Doctor's last name Doctor's first name Doctor's phone # Tell us about new health information if never provided or if changed. Allergies: None () Aspirin () Cephalosporin () Codeine () Erythromycin Peanuts ( ) Penicillin () Sulfa Other: ○ Diabetes ○ Acid reflux **Medical conditions:** () Arthritis () Asthma () Glaucoma () Heart problem High blood pressure ○ High cholesterol ○ Migraine Osteoporosis O Prostate issues ∩ Thyroid Other: Medicare part D members do not need to complete the section below. Suffix (JR,SR) Gender: () M Date of birth: E-mail address: Doctor's last name Doctor's first name Doctor's phone # Tell us about new health information if never provided or if changed. Allergies: None ( Cephalosporin ( Codeine ( Erythromycin ( Peanuts ( Aspirin ( Penicillin Other: Medical conditions: Arthritis Asthma Diabetes Acid reflux ○ Glaucoma ○ Heart problem ( ) High blood pressure ( ) High cholesterol ( ) Migraine ( ) Osteoporosis Prostate issues Other: D Special instructions: \_ **E** How would you like to pay for this order? (If your copay is \$0, you do not need to provide payment information.) (You must first register at Caremark.com or call Customer Care.) Credit or debit card. (VISA®, MasterCard®, Discover®, or American Express®) Use your card on file. O Use a new card or update your card's expiration date. Exp. ARD INIUIMIBIE IR Date Credit card holder signature/date Ocheck or money order. Amount: \$ Processing time takes up to 5 days. Shipping options: Make check or money order payable to CVS Caremark. () Free shipping (takes 3-5 days) · Write your member ID number on your check or money order. () 2nd business day (\$17) • If your check is returned, we will charge you up to \$40. () Next business day (\$23) Payment for balance due and future orders: If you choose 2nd day or next day delivery: to pay by electronic check or a credit or debit card, we will use • Can only be sent to a street address, not a PO Box. it to pay for any balance due and for future orders unless you Applies to shipping time only, not processing. provide another form of payment. Charges may change Fill in this oval if you **DO NOT** want us to use this payment method for future orders.