





CVS/Caremark Mail Service Pharmacy Program: Molina Dual Options STAR+PLUS MMP Mail Order Prescription Service

You're important to us at Molina. So we'd like to offer you a way to save time and money with Molina Dual Options STAR+PLUS MMP 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 (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time to find out which ones are available.



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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 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 (888) 838-3769, 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 (888) 838-3769, 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, 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 (888) 838-3769, 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, 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 (866) 856-8699, TTY 711, Monday – Friday, 8 a.m. to 8 p.m., local time. We are here to help!

Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas 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 (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

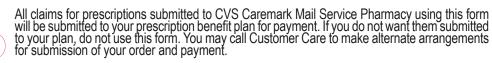
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Carcillark	
il Service Order Form	

	Mail this form to:	
Member ID # (if not shown or if different from above)		
Prescription plan sponsor name		
Choose one of three ways to order: Online: Visit Caremark.com By phone: Call us at the number on your member ID card. By mail: Complete both sides of this form and mail it with your check or credit card information. For new prescriptions, be sure to include your original paper prescription. Please use black or blue ink and print in CAPITAL letters. Medicare members should complete one form per person. 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 the Rx number(s) found on your prescription label.		
1)2)	3) 4)	
5)6)	7)8)	

To provide you with high quality medications at the lowest possible price, CVS Caremark will substitute equivalent generic medications for brand name medications whenever possible. If you do not want us to substitute generics, please provide specific instructions, including medication names, in the "Special Instructions" section of this form.







method for future orders.

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