



Welcome to Magellan Rx Management

Our goal is to help you and your family live healthy, vibrant lives. We offer a large pharmacy network with major chains, regional pharmacies and independent stores. To locate a network pharmacy, you can visit our website at magellanrx.com.

Please present your ID card and your prescription to any network pharmacy to receive your medication(s). If you have questions about your pharmacy benefits, please call the Rx customer service phone number on your ID card. We are open 24 hours a day, seven days a week.

Please review these materials to learn about your pharmacy benefit program. Learning how your program works will help you get the most out of your benefit. You can also visit our website at magellanrx.com.

Maximizing Your Benefits

Generic Medications

Generic drugs provide a quality option to brand medications. Using generic drugs whenever possible can help you save money. You can choose to take a brand-name drug. It may be cost more depending on your plan.

Over-the-Counter (OTC) Products

Some brand-name drugs once only available by prescription are now available over-the-counter (OTC). Drugs like Claritin®, Prevacid® 24HR, Prilosec OTC®, and Zyrtec® are the same strength as their prescription versions. Ask your doctor if an OTC drug is right for you. If your plan provides OTC coverage, you may get additional savings.

Taking Your Medications As Directed

Taking medicine as prescribed can keep you healthy. You can prevent medical issues. Don't miss doses or swap medicine with other people. These actions can lead to serious problems.

Here are a few tips to help you get the most benefit from your medications:

- Carefully read all drug labels. Take each medication as prescribed by your physician. Take the correct number of doses each day at the correct time of day.
- Talk to your doctor before you stop taking a medication. Do not stop taking a medication just because you feel better. Ask your physician or pharmacist what to do if you miss a dose.
- Talk to your doctor or pharmacist before crushing or splitting tablets. You need to swallow some drugs whole.
- Keep a record of all your current medicines. Include drugs names and regimens (dose, time and other instructions). Write down any problems you have. Discuss them with your doctor or pharmacist.
- There is a right way to throw out old drugs. Call us, visit magellanrx.com, or review the Food and Drug Administration (FDA) guidelines¹ for information on how to best discard your outdated medications.

1. Food and Drug Administration, "Where and How to Dispose of Unused Medicines," September, 2019.
<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

Online Tools at magellanrx.com

Our website is a secure online resource with:

- Tools to help you view, refill, renew and transfer prescriptions
- Drug formulary lookup tools
- Drug information and education
- Real-time benefit information
- Access to view pharmacy claims
- A network pharmacy locator tool
- Downloadable claim and home delivery forms
- Drug recall updates

What is a formulary?

A formulary is a list of brand and generic drugs covered by your pharmacy benefits. If you take a generic drug or a preferred brand drug, your copay may be less than you would pay for a non-preferred drug. Ask your doctor to prescribe generic or preferred brand drugs to help you save money.

You are using the Precision Formulary.

With our formulary lookup tool, you can:

- Look up a drug
- Find out which tier the drug is on
- Learn about specific requirements and coverage limits (see below)

Visit magellanrx.com/member/documents to view formulary documents. If you need additional assistance, please contact customer service.

Additional Requirements and Coverage Limits

Your plan may have requirements for coverage or limits for select drugs. These requirements and limits ensure the most effective use of these medicines. A team of doctors and pharmacists created these rules. They can help your plan control costs and provide quality coverage.

- **Prior Authorization:** Your plan may have a prior authorization (PA) process for certain drugs. A PA requires that your doctor get approval from your plan to prescribe a specific drug for you. Without this PA, your plan may not provide coverage for that medication. If your doctor prescribes a drug requiring a PA, you will need to go through this process.
- **Quantity Limits:** For certain drugs, your plan may limit the amount that will be covered per prescription or for a defined period. For example, your plan may provide up to 30 units per 30-day period for a formulary drug.
- **Step Therapy:** In some cases, your plan requires you to first try one drug to treat your medical condition before it will cover another drug for that condition. For example, Drug A and Drug B both treat your medical condition. Your plan may require your doctor to prescribe Drug A first. If Drug A does not work for you, then your plan will cover Drug B.

To find out if the drug you take is subject to these requirements or limits, review the current formulary on magellanrx.com or call the Rx phone number on your ID card.

Home delivery by Magellan Rx Pharmacy

Save time and money with a 90-day supply
of your medicines by mail

How to fill your first prescription with our pharmacy

If you already have a 90-day prescription:



Mail your 90-day prescription and home delivery order form with payment information to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

Home delivery order forms are available at magellanrx.com/member/forms

If you need a new prescription:



First, ask your doctor to write two prescriptions:

1. **30-day supply to fill right away at your local pharmacy**
2. **90-day supply with refills to start your home delivery service**



Next, ask your doctor to **e-prescribe** to Magellan Rx Pharmacy, LLC (Mail-ORL) or **fax** your prescription to 888-282-1349.

How to get refills



ONLINE PORTAL

Submit your refill orders and pay **online** through your secure member portal.



PHONE

Call us at **800-424-8274 (TTY 711)** with your prescription number and payment information.



MAIL

Complete the refill section on the home delivery order form and **mail** it to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

When should I use a retail pharmacy?

Use your local retail pharmacy for the first 30-day prescription of a maintenance medicine you get from your doctor. Also use your local retail pharmacy if you get a prescription for an acute condition, like an infection.

When will I get my medicine?

Your order should arrive 7 to 10 days after we get your prescription. We may need to contact your doctor for more information. To avoid delays, be sure to fill out all forms completely and include payment if you know the amount due. Orders with more than one prescription may be shipped in separate boxes.

How much are the shipping costs?

Standard shipping is free. You can choose expedited shipping for an extra cost if you want to get your medicine sooner. This option will only impact the shipping time, not how long it takes us to process your order.

What if I don't receive my order?

It is our top priority to make sure you have the medicine you need. If you do not get your order within 10 days, please call 800-424-8274 (TTY 711).

Do prescriptions expire?

Most prescriptions, including refills, expire within six months to one year from the day the doctor wrote them. If this happens you will need a new prescription from your doctor.

How are controlled substances handled?

A controlled substance, such as a narcotic, has strict guidelines and may be handled differently than a non-controlled medicine. We follow federal and state laws when processing all orders. We will call you if more information is needed.



For home delivery questions, call us at 800-424-8274 (TTY 711). We can answer questions, check the status of an order, or place a refill order. Pharmacists are also available to help 24 hours a day, 7 days a week.

For questions about your pharmacy benefits plan, call the number on your member ID card.

1 Member and physician information Please use black or blue ink. One form per member.

Member ID Number					Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Last Name			First Name			MI
Delivery Address					Apt. #	
City		State	Zip Code		Phone Number (list in order of preference) (circle one) () _____ M H W () _____ M H W () _____ M H W	
Date of Birth / /		Email Address				
Physician Name		Physician Phone Number ()				

2	Health history	Best time to be reached:	AM	PM
----------	-----------------------	--------------------------	----	----

Medication Allergies:			Health Conditions:		
<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> None Known	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> None Known
<input type="checkbox"/> Aspirin	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines	<input type="checkbox"/> Cancer	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Codeine	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Others: _____

List all prescription, over-the-counter and herbal medications taken regularly: (use additional sheet if necessary)

3 Refills To order home delivery refills, enter your prescription number(s):

1: _____ 2: _____ 3: _____ 4: _____
5: _____ 6: _____ 7: _____ 8: _____

4 Pharmacy processing

Generic substitution: FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. ☐ I do not accept a generic equivalent.

Keep on file: If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to Pharmacy:

5 Payment and shipping information Do not send cash.

Standard delivery is included at no charge. Most prescription orders arrive within 7 days from the date your order is received. We will contact you if there is an extended delay in delivering your medications. Please call 800-424-8274 (TTY 711) if you have any questions. Once shipped, medications may not be returned for a refund or adjustment. Visit www.magellanrx.com/member/forms to download additional order forms.

☐ Ship overnight (additional charges will apply). Please call to verify pricing. No P.O. BOX overnight shipping.

☐ Check enclosed. All checks must be signed and made payable to Magellan Rx Pharmacy.

☐ Charge to my NEW credit card.

☐ Charge to my credit card on file.

I authorize Magellan Rx to charge the following amount to my credit/debit card without prior notification:

up to \$150	up to \$250	up to \$	(other amount greater than \$250)
-------------	-------------	----------	-----------------------------------

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance, and other such expenses related to prescription orders. By supplying my credit card number, I authorize Magellan Rx Pharmacy to maintain my credit card on file as payment method for any future charges. To modify payment selection, Customer Service can be contacted at any time at 800-424-8274 (TTY 711).

Cardholder Signature:	Date:																							
Credit card number (VISA®, MasterCard®, Discover®, or American Express® are accepted) and expiration date (month/year)																								
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		/						
																/								

6 Complete your order form

Mail this completed order form with your new prescription(s) to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.