

To begin using PrimeMail Pharmacy:

1. For each long-term medication prescribed for you, ask your physician to write two prescriptions, using the checklists below:
 - One to be filled at a participating local pharmacy for immediate use
 - One for the maximum-days supply your health plan allows to be filled at PrimeMail Pharmacy

LOCAL PHARMACY PRESCRIPTION CHECKLIST

The following information must be included in your **initial prescription** to be filled at a participating local pharmacy:

- Legible patient name (full first and last name)
- Exact daily dosage, strength and quantity
- Quantity = plan maximum (for example, 30-day supply)
- Refills = 0
- Legible physician's name, phone number and address

PRIMEMAIL PHARMACY PRESCRIPTION CHECKLIST

The following information must be included in your **long-term prescription** to be filled at PrimeMail Pharmacy:

- Legible patient name (full first and last name)
- Exact daily dosage, strength and quantity
- Quantity = plan maximum (for example, 90-day supply)
- Refills = up to 3, as specified by your physician
- Legible physician's name, phone number and address

2. Complete (in black ink) the PrimeMail Pharmacy Order Form
3. Mail to PrimeMail Pharmacy in the enclosed envelope:
 - Your completed PrimeMail Pharmacy Order Form
 - Your original physician-signed maximum-day supply prescription
 - The appropriate payment
4. Your prescription will be delivered directly to your home in 10 to 14 days via regular shipping (you may also expedite) — a refill date and remaining refills will be indicated on your prescription label.
5. After your medication is in the PrimeMail Pharmacy system, a signed prescription is not required to reorder — until your refills run out.