

# Home delivery by Magellan Rx Pharmacy

Save time and money with a 90-day supply  
of your medications 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](http://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)		
Date of Birth / /	Email Address		( ) (circle one) M H W		
Physician Name		Physician Phone Number ( )		( ) M H W	
				( ) M H W	

**2 Health history**

Medication Allergies: <input type="checkbox"/> Amoxil/Ampicillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> None Known <input type="checkbox"/> Aspirin <input type="checkbox"/> NSAIDs <input type="checkbox"/> Sulfa <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Tetracyclines <input type="checkbox"/> Codeine <input type="checkbox"/> Quinolones <input type="checkbox"/> Others: _____			Health Conditions: <input type="checkbox"/> Arthritis <input type="checkbox"/> Glaucoma <input type="checkbox"/> None Known <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Cancer <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Thyroid Disease <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](http://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 Management 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:
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Credit card number (VISA®, MasterCard®, Discover®, or American Express® are accepted) and expiration date (month/year)

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**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.