

Prescription Automatic Refill Program

NOTE: Health Plan members can enroll in the Prescription Automatic Refill Program at any time. As a reminder, after an order leaves the facility, prescriptions cannot be returned for refund, whether self-managed or received through the Prescription Automatic Refill Program.

By electronic acknowledgement and completion of this form, the Health Plan member participating in a prescription plan (Prescription Plan member) and/or authorized representative attests:

- (1) the Prescription Plan member or authorized representative has read the complete list of Terms and Conditions for the automatic refill program.
- (2) the Prescription Plan member or authorized representative was invited to ask questions, and that all questions were answered.
- (3) the Prescription Plan member or authorized representative has agreed to receive notifications associated with the automatic refill program through MyAtriumHealth.

Terms and Conditions for Prescription Automatic Refill Program

1. Prescription Plan member or authorized representative requests that CarolinaCARE prescription mail service pharmacy enroll the Prescription Plan member in the automatic refill program for the selected non-controlled, maintenance medications listed in MyAtriumHealth.
2. From the medication history listed in MyAtriumHealth, the Prescription Plan member or authorized representative will select each product to be automatically processed, invoiced, and shipped when it is due as indicated by the next fill date.
3. Prescription Plan member or authorized representative agrees to receive health, healthcare, and pharmacy related messages from CarolinaCARE through MyAtriumHealth.
4. Prescription Plan member or authorized representative will receive a message through MyAtriumHealth within 7-10 business days before the due date of the enrolled medication(s).
5. The medication(s) will then automatically process and ship on the due date. Payment will be applied to the preferred card option on file in MyAtriumHealth.
6. Prescription Plan Member or authorized representative is responsible for ensuring the preferred, most up to date e-mail address, shipping address and method of payment are always listed in MyAtriumHealth.
7. As a reminder, prescriptions cannot be returned for refund once the order leaves the facility.
8. Prescription Plan member or authorized representative may end the automatic refill program for some or all enrolled medications at any time.

Questions? Contact a CarolinaCARE representative at 866-697-6800.