

Mail Order and Injectable Pharmacy

*CuraScript*<sup>TM</sup>  
Pharmacy



Provided to you  
through

UPMC  
HEALTH PLAN

UPMC  
HEALTH BENEFITS

## How To Use Your Mail Service Program

### NEW PRESCRIPTIONS

1. If you need to start your medication right away, have your physician complete two prescriptions. Please be sure the prescription from your physician includes the drug's name, strength, quantity to dispense, exact daily dosage, the physician's name, phone number and the physician's license number.
2. Fill one prescription immediately at a retail pharmacy and submit the other to CuraScript for a supply determined by your benefit plan. Encourage your physician to write your prescription for the maximum days supply covered by your benefit plan. This will help you maximize your benefit and save money.
3. Detach and complete the mail service participant profile included on this brochure. Please be sure to write your ID number in the space provided on the profile. Your member ID number is located on the front of your member ID card.
4. Mail the participant profile, original prescription(s) and copayment (if applicable) to CuraScript in the self-addressed envelope provided.
5. For your convenience, CuraScript encourages you to maintain a credit card on file. This will facilitate the payment of your copayment, ensuring timely processing of your order. To place a credit card on file, simply complete the method of payment section on the participant profile by selecting the appropriate credit card and entering your credit card number and expiration date. If a credit card is not available, please include a check or money order for the full amount of your copayment.

### REFILL PRESCRIPTIONS:

When you receive your first prescription, you will receive a prescription reorder form. Please follow the refill instructions to order a refill.

**NOTE:** Please allow 14 days for delivery of your prescription. For questions about ordering through the mail, completing this form or if you need to speak to a customer service representative, call...

**1-877-787-6279**

**Dependent #1**  Spouse  Child **Health Conditions** **Drug Allergies**

\_\_\_\_\_  
Last name  Asthma (493.90)  None  
 Arthritis (714.00)  Aspirin  
\_\_\_\_\_  
First name Middle initial  Diabetes (250.01)  Codeine  
 Depression (311.00)  Erythromycin  
 Glaucoma (365.90)  Penicillin  
\_\_\_\_\_  
Birthdate  Male  Female  High Cholesterol (272.00)  Sulfa  
 Hypertension (402.92)  
 Thyroid (245.90)  High (242.90)  Low (242.92)

Other health conditions and drug allergies: \_\_\_\_\_

\_\_\_\_\_  
Physician last name First name Phone#

**Dependent #2**  Spouse  Child **Health Conditions** **Drug Allergies**

\_\_\_\_\_  
Last name  Asthma (493.90)  None  
 Arthritis (714.00)  Aspirin  
\_\_\_\_\_  
First name Middle initial  Diabetes (250.01)  Codeine  
 Depression (311.00)  Erythromycin  
 Glaucoma (365.90)  Penicillin  
\_\_\_\_\_  
Birthdate  Male  Female  High Cholesterol (272.00)  Sulfa  
 Hypertension (402.92)  
 Thyroid (245.90)  High (242.90)  Low (242.92)

Other health conditions and drug allergies: \_\_\_\_\_

\_\_\_\_\_  
Physician last name First name Phone#

**Dependent #3**  Spouse  Child **Health Conditions** **Drug Allergies**

\_\_\_\_\_  
Last name  Asthma (493.90)  None  
 Arthritis (714.00)  Aspirin  
\_\_\_\_\_  
First name Middle initial  Diabetes (250.01)  Codeine  
 Depression (311.00)  Erythromycin  
 Glaucoma (365.90)  Penicillin  
\_\_\_\_\_  
Birthdate  Male  Female  High Cholesterol (272.00)  Sulfa  
 Hypertension (402.92)  
 Thyroid (245.90)  High (242.90)  Low (242.92)

Other health conditions and drug allergies: \_\_\_\_\_

\_\_\_\_\_  
Physician last name First name Phone#

**Dependent #4**  Spouse  Child **Health Conditions** **Drug Allergies**

\_\_\_\_\_  
Last name  Asthma (493.90)  None  
 Arthritis (714.00)  Aspirin  
\_\_\_\_\_  
First name Middle initial  Diabetes (250.01)  Codeine  
 Depression (311.00)  Erythromycin  
 Glaucoma (365.90)  Penicillin  
\_\_\_\_\_  
Birthdate  Male  Female  High Cholesterol (272.00)  Sulfa  
 Hypertension (402.92)  
 Thyroid (245.90)  High (242.90)  Low (242.92)

Other health conditions and drug allergies: \_\_\_\_\_

\_\_\_\_\_  
Physician last name First name Phone#

