

Advocate Aurora Health Mail Order Pharmacy Automatic Refill Program

By acknowledging and completing this form, the patient and/or their authorized representative attests:

- (1) The following terms and conditions for automatic refill were read and reviewed by the patient and/or their authorized representative.
- (2) All questions regarding the program were addressed to and answered by the pharmacy team.
- (3) The patient and/or their authorized representative agree to receive notifications associated with the automatic refill program through one or more various methods of pharmacy communication.

Terms and Conditions for the Advocate Aurora Health Mail Order Pharmacy Automatic Refill Program:

1. The patient and/or their authorized representative will manage maintenance medications, including any new medications that are subsequently ordered by their provider, for the automatic refill program using the LiveWell platform.
2. Adding a medication on the automatic refill program may take up to 3 days. A notification will be sent to the patient and/or their authorized representative once the medication is on the program.
3. Some prescription benefits plans do not allow automatic refill. The patient and/or their authorized representative should check their benefits plan before enrolling.
 - a. Medicaid patients in Wisconsin and Indiana are eligible for the mail order auto-refill program; Medicaid patients in all other states are not eligible
 - b. TRICARE patients are not eligible for the mail order auto-refill program
 - c. Medicare patients must receive the first fill of a new medication before enrolling it in mail order auto-refill
4. Medications that do not qualify for the automatic refill program:
 - a. Controlled substance medications
 - b. Medications that are used “as needed” as indicated by the provider
 - c. Prescriptions that are managed by the specialty or compliance packaging department
 - d. Prescriptions that are not enrolled in the mail order program
5. Notifications will be sent 10-13 days before the due date of a medication on the automatic refill program. Notifications may be sent via:
 - a. The LiveWell portal
 - b. A text message to the cell phone number provided on the patient profile
 - c. An automated telephone call

6. Patients and/or their authorized representative will have an opportunity to contact the pharmacy to adjust the filling of their automatic refill medication.
7. No medication may be returned to the pharmacy once it has been delivered.
8. At any time, the patient and/or their authorized representative may change their automatic refill preference for any or all their medication on the automatic refill program by using the LiveWell platform. ***Please be aware, any changes may take up to 3 business days to take effect. A notification will be sent once the change is completed.***
9. An annual attestation may be sent to the patient and/or their authorized representative to review any changes made to the automatic refill program.