

# AUTOMATIC REFILL PROGRAM NOTICE

Valor Compounding Pharmacy offers the convenient, free-of-charge Automatic Refill Program for patients requesting medications to be filled on a regular time interval to prevent delays and interruptions to therapy.

## **How do I enroll in the Automatic Refill Program?**

Once the pharmacy receives your signed consent through your Heal Now portal regarding the annual Automatic Refill Program, your prescription(s) will refill automatically as often as you choose, eliminating the need to place a refill order each time.

## **Which medications are eligible?**

All medications **EXCEPT** the following are eligible:

- Acute prescriptions and prescriptions not intended for continuous refills
- Prescriptions without refills on the original prescription
- Controlled substances with the exception of testosterone

## **How will the pharmacy notify me when Automatic Refills are ready?**

Each time a prescription is filled through the Automatic Refill Program, the patient or patient's agent will be notified. Notifications are received via email as soon as the prescription is being processed. Notifications via phone are made upon request only.

## **What if there are no refills left on a prescription enrolled in the Automatic Refill Program?**

When processing the last refill on a prescription enrolled in the Automatic Refill Program, a Customer Care Specialist will communicate with you via email before contacting your doctor to request a prescription renewal before the next Automatic Refill due date.

## **How often are Automatic Refills scheduled?**

Automatic Refills are scheduled based on the days supply of the prescription. If for any reason you need to change an Automatic Refill date, please contact the pharmacy to speak with a Customer Care Specialist.

## **How do I withdraw from the Automatic Refill Program?**

You may withdraw at any time by speaking with a Customer Care Specialist. If an Automatic Refill is not picked up, the prescription will withdraw from the Program. Please inform the pharmacy as soon as possible of any changes to your medications to prevent filling an Automatic Refill that you do not need. Ask the pharmacy about the refund policy.

## **What if my medication has changed?**

Please inform a Customer Care Specialist or Pharmacist of any changes to your medication (dose, strength, directions, quantity, or other changes) as soon as possible.

## **How can I obtain this Automatic Refill Program Notice in a different language?**

If you would like to receive this automatic refill program notice in a different language, you can contact us about the language you would like to receive it in.

## **What if my contact or billing information has changed?**

We will need the correct phone number, delivery address, credit card number and expiration date to process your Automatic Refills. We will only deliver Automatic Refills with active contact and credit card information. Please inform a Customer Care Specialist of any changes as soon as possible. Thank you!