

**Holy Redeemer Health System
Prescription Order Fax Sheet
EasyRx at Holy Redeemer**

1. Personal Information

Cardholder ID Number (Social Security # if unknown) _____
Member First & Last Name _____
Birth Date _____ Gender _____
Physician Last Name _____ Physician Phone # _____
Allergies _____

Family Member 1 First & Last Name _____
Birth Date _____ Gender _____
Physician Last Name _____ Physician Phone # _____
Allergies _____

Family Member 2 First & Last Name _____
Birth Date _____ Gender _____
Physician Last Name _____ Physician Phone # _____
Allergies _____

2. Shipping Information for mail order

First & Last Name _____
Address _____
City, State, and Zip Code _____
Phone # _____

3. Prescription Information

___ New Prescription (fax). New faxed Prescription require a mailing of the hard copy
___ Refill (Prescription Number _____)
___ Physician e-prescribed Dr. Name: _____ Phone # _____

4. Payment Information

___ Picked up at EasyRx – Accepts all payment forms
___ Mail Order – Use Credit Card/ Flexible Spending Account/
Payroll Deduction - Authorized Amount \$ _____

Name _____ Authorized Signature _____

5. Signature Information

I certify that all the information on this form is correct. I permit Holy Redeemer Health System to release all information on this form concerning prescription orders to my plan administrator for the purpose of payment, treatment, or health care operations.

Signature _____

Please complete all information on this sheet and fax to 215-544-5858. You must fax your physician's prescription with this order sheet. Our mailing address is:

EasyRx at Holy Redeemer
Holy Redeemer Hospital and Medical Center
1648 Huntingdon Pike RM # 0255
Meadowbrook, PA 19046-8099

EasyRx Prescription Program Fact Sheet

Covered Medications: Omeprazole (Prilosec), Simvastatin (Zocor), Lansoprazole (Prevacid), Pantoprazole (Protonix), Crestor (Rosuvastatin)

Mailing Address:

EasyRx at Holy Redeemer
Holy Redeemer Hospital & Medical Center
1648 Huntingdon Pike Rm # 0255
Meadowbrook, PA 19046

Telephone Number: Main phone # 215-544-5850 (X45850) or Toll Free # is 833-327-9791

Fax Number: 215-544-5858

Methods of Payment: Check, Money Order, Payroll Deduction, Credit Card, or Cash
Check or Money Order can be made Payable to: EasyRx at Holy Redeemer

Mail order envelopes and fax forms are stocked in the Human Resources department of every facility. Please complete all information on the form to assure that your prescription is processed efficiently.

Drug Category	Medications Not Covered
Ulcer Disease Ulcer Disease Ulcer Disease	Nexium Aciphex Dexilant

As an alternative to the medications listed above, three prescription medications to treat ulcer disease are available through EasyRx. In addition to the ulcer disease a medication, two cholesterol controlling medications are available through HRHS's Mail Order Prescription Program or Pick up from EasyRx for all employees participating in Holy Redeemer Health System's Health Insurance plans.

Drug Category In-House Pharmacy	Medications Provided by Holy Redeemer Pharmacy	Quantity Limits	Co-payment 1 month initial supply 3 month maintenance
Ulcer Disease	Lansoprazole (Prevacid),30mg	30 caps/ 60 caps (1 month) 90 caps/ 180 caps (3 months) 30 SoluTabs	\$10.00/ \$20.00 \$25.00/ \$45.00
Ulcer Disease	Prevacid SoluTab 15mg,30mg		\$55.00 (1 month limit only)
Ulcer Disease	Pantoprazole (Protonix) 40mg	30 tabs/ 60 tabs (1 month) 90 tabs/ 180 tabs (3 months)	\$10.00 \$15.00/\$25.00
Ulcer Disease	Omeprazole (Prilosec) 20mg,40mg	30 caps/ 60 caps (1 month) 90 caps/ 180 caps (3 months)	\$10.00 \$20.00/ \$25.00
Cholesterol Controlling	Crestor (Rosuvastatin) 5mg,10mg,20mg,40mg	30caps (1month) 90 caps (3month)	\$10.00 \$20.00
Cholesterol Controlling	Simvastatin (Zocor)5mg,10mg,20mg,40mg Simvastatin 80mg	30 tabs (1 month)/90 tabs(3months) 30tabs (1 month)/90 tabs (3 month)	\$10.00/\$15.00 \$10.00/\$20.00