THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Use MyChart to transfer maintenance medications from a health system pharmacy to The University of Kansas Health System Southlake Retail Pharmacy by May 31, 2024.

Starting June 1, 2024, all maintenance medications must be delivered from the health system pharmacy to your preferred address (not a work address) or they **will not** be covered by the health plan. If you're picking up your maintenance medications at a health system pharmacy, take these steps in MyChart to switch to delivery. <u>Delivery is free</u> through **Southlake** Retail Pharmacy.

Desktop instructions

1. Medications menu.

| THE UNIVER KANSAS HEA | SITY OF ATH System | | | | |
|--------------------------|-----------------------|----------|----------------|-------------|--|
| Your Menu | 💼 Visits | Messages | 📥 Test Results | Medications | |
| Welcome! | | | | | |

2. Click Request refills.

| Current Medications | | | |
|---|--|--|---------------------|
| Please review your medications and | verify that the list is up to date. Call 9 | 11 if you have an emergency. | |
| Need to update your list of pharmac | ies? Go to Manage My Pharmacies. | | |
| | | | Request refills |
| | | | |
| lisinopril 10 mg tablet Commonly known as: ZESTRIL | | | 0 |
| Take by mouth daily. | | | |
| A You have another medication with | h the same name. (j) | | |
| 11 refills before February 26, 2025 | | | |
| Prescription Details Prescribed February 28, 2024 Approved by C Rhudy, MD | Refill Details Quantity 30 tablets Day supply 30 | Pharmacy Details Bell Hospital TUKHS Retail 2015 W. 39th Ave. Suite G401, Kanses City KS 66103 | A Map |
| View medication references | Lost filled February 28, 2024 | 913-588-2361 | |
| | Next fill March 29, 2024 | | Message pharmacy |
| 🛃 Request refill | | | |
| Remove | | | |
| acarbose 25 mg tablet | | | |
| Commonly known as: PRECOSE | | | Ø |
| Take one tablet by mouth three tir | nes daily. Indications: type 2 diabete | s mellitus | |
| 12 refills before February 26, 2025 | | | |
| Prescription Details Prescribed Februery 28, 2024 | Refill Details Quantity 270 tablets | Pharmacy Details Southlake TUKHS Retail | Amp Map |
| Approved by C Rhudy, MD | Day supply 90 | 11300 Corporate Ave., Suite 120, Lenexa KS 66219 | |
| | Next fill Februery 28, 2024 | 913-574-0600 | Message pharmacy |
| 🔁 Request refill | | | |
| fin Remove | | | |
| | | | |

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3. Select available medications eligible for refill and click Next.

| Refills | | | |
|--|---|---|-------------|
| Refillable Medications | | | |
| Choose prescriptions to refill. If the pr other necessary details, in the comme | | this list, select "Other." You can write the medication nar | ne, and any |
| lisinopriL 10 mg tablet Commonly known as: ZESTRIL () Learn more 7 | | | ~ |
| 11 refills before February 26, 2025 | | | |
| Take by mouth daily. | | | |
| Prescription Details Prescribed February 28, 2024 Approved by C Rhudy, MD View medication references | Refill Details Quantity 30 tablets Day supply 30 Last filled February 25, 2024 | Pharmacy Details Bell Hospital TUKHS Retail 2015 W. 39th Ave. Suite G401, Kanses City KS 66103 913-586-2361 | |
| | Next fill March 29, 2024 | | Map |
| Commonly known as: PRECOSE () Learn more () 12 refills before February 28, 2025 Take one tablet by mouth three t Prescription Details Prescribed February 28, 2024 Approved by C Rhudy, MD | imes daily. Indications: type 2 diabet Refil Details Quantity 270 tablets Day supply 90 Next fill February 28, 2024 | es mellitus Pharmacy Details Southlake TUKHS Retail 11300 Corporate Ave., Suite 120, Lenexa KS 66219 913-574-0600 | Q. Mep |
| metFORMIN 500 mg tablet Commonly known as: GLUCOPHAGE Ready for pickup (j) 11 refills before February 26, 2025 | | | |
| SITagliptin phosphate 25 mg ta Commonly known as: JANUVIA Contact Pharmacy Delayed Price 11 refills before February 26, 2025 | blet Warning Fill in progress () | | |

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4. Select Deliver by mail and ensure the **Southlake** Retail Pharmacy in addition to the Ship to information is accurate. Note that Pay now can only be selected in the Payment section. Click Next.

| Pharmacy | |
|---|--|
| Please choose how you would like to receive your refills and enter any | comments or concerns you have for your selected prescriptions. |
| Selected Refills | |
| lisinopril 10 mg tablet Commonly known as: ZESTRIL Quantity: 30 tablets Day supply: 30 Enter comments for this prescription | acarbose 25 mg tablet Commonly known as: PRECOSE Quantity: 270 tablets Day supply: 90 Enter comments for this prescription |
| Delivery Method | |
| Pick up at a pharmacy | |
| O Deliver by mail | |
| Pharmacy Info Pharmacy | |
| Southlake TUKHS Retail | v |
| Southlake TUKHS Retail Pharmacy Hours: Monday - Friday 7 a.m 6 p.m. , Sunday 9 a.m 5 p | m. |
| Phone: 913-574-0600 Ship to | |
| Home address 2822 Donnelly Cir, KANSAS CITY KS 66102 Other | |
| Please write your address in the delivery comments below | |
| Delivery comments | |
| Payment | |
| Pay now | |
| Pay later | |
| The delivery method and pharmacy combination you chose only sup | ports one payment option. |
| Next Back Cancel | 2 prescriptions selected |



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5. Complete the payment details and process the order.

| Payment | | | |
|---------------------------|-----------------|--------------------------|--|
| How do you want to pay? | | | |
| Enter payment information | 1 | | |
| Name on Card | | Card Number | |
| First & Last Name | | | |
| Expiration Month | Expiration Year | Security Code (CVV2) | |
| MM | | _ Ex. 123 | |
| Billing Postal Code | | Payment Method Nickname | |
| O Ex. 85201 | | (x) Name your card | |
| Save for future use | | Submit | |
| Back Cancel | | 2 prescriptions selected | |

