

Teammate Enrollment Form

Harness Health Home Delivery Pharmacy offers a convenient way to get the medications you need – when and where you need them!

Step 1: Send us your information

To begin home delivery, complete this form in its entirety and return it by:

Mail –

Harness Health Pharmacy
7160 Industrial Row Drive, Suite 330
Mason, OH 45040

Fax – 513-557-7675

Or call – 866-775-5767

If you access this form online, you can complete the form by keying in your information. Print to add the Cardholder Signature and Teammate Signature, then return as directed.

Step 2: Ask your provider for a new prescription

Request new prescription(s) be sent to Harness Health Home Delivery Pharmacy by contacting your provider, either by phone or via any secure system that allows you to access portions of your medical records. Ask for a 90-day supply of a medication – with refills up to one year, if appropriate – for the lowest cost to you.

The provider can submit a prescription by:

E-Prescription – Harness Health – Home Delivery

Fax – 513-557-7675

Phone – 866-775-5767

If you have additional question or concerns, reach out to us directly! We are happy to assist with the enrollment process.

Step 3: Receive confirmation

After receipt, we'll call you to be sure we have everything we need to provide your pharmacy services.

Have Questions? Visit Our Website or Call Us!

To learn more about home delivery or for help from our Clinical Pharmacy team, call us at **866-775-5767** or visit our website at <https://harnesshp.com/pharmacy>. We look forward to helping you!
Our hours of operation are weekdays 8 a.m. -- 4:30 p.m. ET.

Dependent Information

Name: _____ DOB: _____ Med. Allergies: _____

Preferred Phone: _____

Cell Phone Home Phone Other

If cell phone number selected, please sign me up for text message notifications: Y N

Email: _____

Please use my email address to:

- notify me when my package has been shipped & sign me up for prescription savings cards on my behalf when available. Y N

Name: _____ DOB: _____ Med. Allergies: _____

Preferred Phone: _____

Cell Phone Home Phone Other

If cell phone number selected, please sign me up for text message notifications: Y N

Email: _____

Please use my email address to:

- notify me when a package has been shipped & sign me up for prescription copay savings cards on my behalf when available. Y N

Name: _____ DOB: _____ Med. Allergies: _____

Preferred Phone: _____

Cell Phone Home Phone Other

If cell phone number selected, please sign me up for text message notifications: Y N

Email: _____

Please use my email address to:

- notify me when a package has been shipped & sign me up for prescription copay savings cards on my behalf when available. Y N

Prescription Insurance Information

Primary Prescription Insurance

Name of insurance

Cardholder or Member Name

BIN #

MedImpact

003585

Rx Group Number

Rx PCN

Cardholder or Member Rx ID Number

RSF01

ASPROD1

Secondary Prescription Insurance (if applicable)

Name of insurance

Cardholder or Member Name

BIN #

Rx Group Number

Rx PCN

Cardholder or Member Rx ID Number

Payment Information – Please provide a credit card in addition to any Benefit Card you have.

Cardholder Name

Cardholder Signature

Card Type

Account Number

Expiration Date

Benefit Card (HRA/
Health Care FSA Card)

Credit Card (Visa, MC,
Discover, Amex)

Please Read and Sign

By signing the information below, I acknowledge:

- Harness Health Pharmacy will substitute generic formulations unless I or my prescriber indicates otherwise in advance.
- I am providing Harness Health Pharmacy with payment information that will be used to process any copayment or coinsurance. I authorize this information to be retained for future payments. Harness Health Pharmacy will use it to process copayment or coinsurance when I request refills.
- I understand that I may contact Harness Health Pharmacy to speak with a pharmacist at **866-775-5767**.

Teammate Signature _____ Date _____

One-Fill Allowance Exception List

The One-Fill Allowance requires Medical Plan participants* to buy prescription refills – except those listed below – through the centralized Harness Health Home Delivery Pharmacy for Home Delivery.

Harness Health Home Delivery Pharmacy is the name for Roper St. Francis Healthcare's home delivery and specialty drugs pharmacy.

There are exceptions. All exceptions may be purchased at any MedImpact retail network pharmacy.

<ol style="list-style-type: none"> 1. Antibiotics (Amoxicillin, Keflex, Cipro) 2. Antivirals for Acute Use (Acyclovir, Valtrex, Tamiflu, Paxlovid) 3. Antifungals (Diflucan, Lotrimin, Miconazole, Posaconazole) 4. Select topical antifungals (Naftifine) 5. Oral acne medications limited to 30 days (Accutane, Claravis, Amnesteem) 6. Select breathing medications (Albuterol, Combivent, Ipratropium, Atrovent HFA) 7. Glucagon (Baqsimi, GVoke) 8. All C2 pain medications (Percocet, Vicodin, Lortab, OxyContin) 9. All C2 stimulants for ADHD (Adderall, Ritalin, Vyvanse) 10. Medications for nausea and vomiting (Phenergan, Zofran, Compazine, Transderm Scop) 11. Select injectable blood thinners (Heparin, Arixtra, Lovenox) 	<ol style="list-style-type: none"> 12. Select eye and ear medications (antibiotics, steroids, procedural) 13. Clozapine/Clozaril 14. Medications for colonoscopy/bowel preparation and laxatives (GoLytely, NuLytely, Lactulose, Sutab) 15. Select rectal medications for acute use (gels, suppositories, creams) 16. Medications for lice and scabies 17. Ulcer treatment packages (Prevpac, Helidac, Pylera) 18. Select NSAIDs (Ibuprofen, Naproxen, and Toradol) 19. Wound care and burn products (Silver, antibiotics, Santyl) 20. Cough and cold medications (Tussionex, Hycodan, Phenergan VC) 21. Medications for diarrhea (Imodium, Lomotil) 22. Steroids (hydrocortisone, prednisone, Medrol, Decadron) 23. Muscle Relaxants (Baclofen, Dantrium, Flexeril, Norflex, Zanaflex) 24. Medications for appetite stimulation (Megace ES, megestrol acetate) 25. Malaria medications (Lariam, Malarone, Typhoid vaccine) 	<ol style="list-style-type: none"> 26. Oral fertility medications (Clomid) 27. Select Nitroglycerin medications (Nitrostat, Nitrolingual spray, ointment) 28. Epinephrine (EpiPen, Symjepi) 29. Sleep and select anxiety medications (Ambien, Lunesta, Valium, Xanax) 30. Vaccines administered at pharmacies (Flu, Pneumonia, COVID-19) 31. Fluoride products for children 32. Select fluoride toothpastes (Prevident) 33. Prescription-only Vitamin D 34. Select folic acid preparations 35. Select iron products 36. Select aspirin products 37. Buprenorphine/naloxone 38. Famotidine suspension 39. Select topical acne products (Benzaclin, Benzamycin) 40. Select nebulizers 41. Xcopri 42. Phentermine (Adipex)
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This list is subject to change.

* Except for Medical Plan participants who live in states where Harness Health Pharmacy is not currently licensed to dispense medications