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Salisbury, MD 21801
410-749-8401

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Salisbury, MD 21801
410-543-8401

Apple Pax Patient Education and Enrollment

Apple Pax is a medication adherence strip packaging system. The strip organizes daily medications into packets that are labeled according to time of dosing. The packet also includes the description of the medication and reminders for non-pill medications or medications that cannot be packaged in the packs such as eye drops, insulin, etc.

1. Apple Pax packaging is not childproof. Please handle and store your medications accordingly.
2. Apple Pax packaging takes approximately two weeks from initial request to synchronize the medications and to prepare the specialized packaging. If you are discharged from a facility, hospital, or rehab center, Apple Pax packaging cannot be utilized until you have had an appointment with your primary care physician to ensure your medications are as your primary chooses them to be. Medications will be dispensed in vials or blister cards until the appointment with your primary physician. Allow 3 business days for processing the Apple Packs after the appointment.
3. Packaging Explanation:
 - A. Each bag has the specific day, date, time of administration, prescription number, directions, tablet description and lot number.
 - B. Up to three medications and up to six tablets may be packaged per bag.
 - C. Pharmacist may need to suggest preferred dosing time (in relation to food or taking with other medications).
 - D. Boxes are filled with a 30 day supply
 - E. If you prescriptions are written for 90 days supply, with your authorization we can fill for 30 days and document on the prescription that patient requested 30 days supply so they could utilize the strip adherence packaging.
 - F. Reminder bags for medications not supplied in Pax box may be included.
4. The monthly fee for the Apple Pax is \$6.97 no matter the number of medications that are packaged. If during the month there are changes in the medications that you take and you request the box to be repackaged during the month, an additional \$6.97 fee will be required.
5. The processing of the Apple Pax is time sensitive. An Apple Pharmacist will call you 7 to 10 days prior to filling the next Pax box to see if there are any medication changes, doctor changes, hospitalizations, etc. This allows us to review your medications with you, verify any changes, and talk with you about any problems or concerns that you may have. During this call you will be able to ask any questions about your medications, both prescription and over the counter. **If you or your caregiver have not returned our call by two days prior to your fill date, your medicines will be filled in regular prescription vials.** After making contact with you, we will then fill the following month in the convenience packaging.

6. If anything changes prior to the monthly phone call, please call Apple as soon as you can. The number for the Specialty Pharmacy is **410-749-0149**.
 - A. If a medication is added between box fills, we will prepare enough in a prescription vial, or blister card if preferred, until the next box is filled.
 - B. If a medication is discontinued, we will take the box back to remove that medication for destruction and return the box to you. **Credit cannot be issued for unused doses.**
 - C. If you are in Apple's delivery area and you need the change done via delivery, we will have you keep two days of medication and send a driver to pick up the box. After correcting your box, we will re-deliver it to you.

7. If a medication requires prior authorization from your insurance company, you have two options:
 - A. You may pay for a 30 day supply up front, pending approval by your insurance company. If the medication is approved, we will bill insurance and issue a refund.
 - B. You may wait to see if your doctor will change the medication rather than requesting prior authorization from the insurance company.

8. Apple will automatically call your doctor for refills. If we are having trouble getting a timely response from your doctor's office, we may call you to ask if you will also contact the office

Apple Discount Drugs Apple Pax Program

Name _____

Date of Birth ____ / ____ / ____

I understand the Apple Pax packaging program and agree to have my prescriptions synchronized to one fill date, my medications refilled automatically each month on the designated fill date, and packaged in the adherence packaging.

Signature _____ Date _____