



# Automatic Refill Order Cancellation Form

I would like to cancel the automatic refill order for the following prescription(s) **AND** have it removed from the Automatic Refill Program.

Name:

Street Address:

City, State, ZIP Code:

Order Number (if available):

**Please list the prescription(s) below that you wish to cancel from your upcoming order:**

| Prescription Name(s) | Prescription Number(s) |
|----------------------|------------------------|
| 1.                   |                        |
| 2.                   |                        |
| 3.                   |                        |
| 4.                   |                        |
| 5.                   |                        |
| 6.                   |                        |
| 7.                   |                        |

I hereby authorize the cancellation of the automatic refill of the prescription(s) selected and understand that the prescription(s) will no longer be automatically refilled.

Member Signature:

**OR** name and signature of member's legally authorized representative:

Name:

Signature:

**Please return this form to:**

CVS Caremark  
Attn: Participant Services  
1 Great Valley Blvd.  
Wilkes-Barre, PA 18706

If we do not receive this form before the date your order begins processing (which can be found on your order notification), we will not be able to process your cancellation request and your prescription(s) will be automatically refilled and shipped.

**Don't need your automatic refill order yet or want to update your shipping address or payment method?**

You may make changes to your next automatic refill order without removing your prescription(s) from the program—simply call the number on your ID card to change your order date or log in to your online account to update your payment method and/or shipping address.