

You may now either refill your prescriptions on the web or by phone. To refill your prescription on the web, please use the Online Prescription Refill site. click on [MHS GENESIS PATIENT PORTAL](#) on the left. If you have a touch tone phone and would like to refill your prescriptions by telephone, please call (808) 353-4649 and follow the instruction prompt.

All patients must use the Automated Prescription Refill System when requesting prescription refills.

Prescription refill requests made before 12:00 PM will be ready for pick-up in 2 business days after 12:00 PM, and refill requests made after 12:00 PM will be ready in 3 business days.. Business days are Monday – Friday, excluding holidays. The Refill Pharmacies are closed on Sundays and federal holidays, please take this in to consideration when requesting refills. We recommend refill requests be made five-seven days in advance to avoid running out of medications. Prescription refills not picked-up after 10 days from the scheduled pick-up date, will be returned to stock and need to be reordered. If you have difficulties calling-in your refills due to a misplaced prescription number or the system tells you that you are calling in too early, contact the pharmacy where you would like to pick up your refills.

Prescriptions refills may not be requested prior to 14 days from the next refill due date.

If you have a touchtone telephone our Automated Prescription Refill System is easy to use. You can request a prescription refill, receive information about your medication, and hear the pharmacy hours of operation. To refill a prescription or access information, select the pharmacy where you wish to refill your prescription(s) or receive information by pressing the corresponding number on your touchtone phone. Then listen and choose an item from the main menu by following the simple instructions, or follow the step-by-step guide below. Once you are familiar with the menu options, you may key ahead. You can end your call anytime by hanging up.

When prompted, enter the last four numbers of your sponsor's social security number followed by the pound sign (#). Enter the six or seven digit prescription number followed by the pound sign (#). The prescription number is located in the upper left hand corner of the prescription label. For example, your prescription number is RXT1234567; you will enter 1234567.

The patient's military (CAC) or dependent ID card, a front and back photocopy of the ID card, a front and back digital image (phone picture or text message image), or Eligibility Form 490 from the Treasurer's Office (3H) are the accepted forms of Identification. All dependent children age 10 and over should have their own ID card.

If you have any additional questions concerning your refills, please call your respective pharmacy and speak to a pharmacy staff member.

Last Updated: 3 December 2024