



Mail Service Pharmacy


WELLPOINT
nextRxSM

WellPoint NextRx Mail Service Pharmacy

Quality medications delivered directly to your home.

WellPoint NextRx is specifically designed for customers who take prescription medications on a regular basis for longer periods of time. This includes medications used to treat chronic conditions such as high cholesterol, diabetes, high blood pressure, arthritis, or depression, as well as medications used on a regular basis such as oral contraceptives.

More than just a convenient way to get your prescriptions, NextRx works with your health plan to provide you with the following:

Direct access to licensed pharmacists.

For individual counseling or answers to questions regarding your medications, a team of pharmacists and technicians are just a phone call away!

Quality Medications.

NextRx dispenses the same quality, FDA-approved medications as purchased from a retail pharmacy, with the added convenience of home delivery.

A Commitment to Safety and Accuracy.

Each prescription is screened by our pharmacists against your prescription profile for possible allergies, interactions, duplications or other potential problems and triple-checked for accuracy.

Helpful, Friendly Customer Service.

Whether you have a question regarding your benefit coverage or need assistance in getting started with our mail pharmacy, a dedicated team of customer care associates are readily available to take your call and specially-trained to answer your questions.



Free shipping. Timely Delivery.

Orders are shipped in unmarked, tamper-resistant packaging within 14 days of receipt of your valid prescription. Expedited shipping is available for an additional charge.

Cost Savings.

How much you can save depends on the medication you are taking and your prescription drug plan. In general, we provide opportunities to save customers money by reducing the number of co-payments.*

* Because your doctor is permitted to write prescriptions for the maximum days' supply allowed by your health plan (normally three months; please see your summary of benefits), NextRx can typically dispense the larger days supply with fewer co-payments. In general, for every prescription you fill through NextRx, you can receive a three-month supply for the price equivalent of a two-month supply at a retail pharmacy, potentially saving you the equivalent of one co-payment every three months!

Getting Started

At WellPoint NextRx, we are committed to making it as easy as possible for you to get your prescription medications. And with that in mind, we offer the following convenient ways to get started. Please be aware, however, that because we are a state-licensed pharmacy, we are subject to certain laws and regulations. It is important that you read the following instructions as well as the section on how to maximize your savings to help reduce the possibility of any delay in the delivery of your medication.

Ordering with an original written prescription:

If you have a written prescription from your physician for the maximum days supply allowed by your health plan (please see your summary of benefits or call 1-800-962-8192 to verify), mail the prescription, along with the attached enrollment form and payment, to:

WellPoint NextRx mail service pharmacy

P.O. Box 746000

Cincinnati, OH 45274-6000

If you do not have an original written prescription on hand:

NextRx can contact your physician. To request that our customer care associates contact your physician for a new prescription, please call 1-888-613-6091. You will need to provide your prescription information, physician's name, phone number, names and strengths of medications, as well as credit card information for payment.

Have your physician fax your prescription information to 1-866-801-5430.

The prescription must be faxed directly from the office of the prescribing physician.

If at any time in this process there is a question about your prescription(s), NextRx will contact your physician.

Delivery:


Standard shipping to your home or office is FREE! Please allow up to 14 days for delivery of your prescriptions. For those prescriptions that are required immediately, customers should have their physicians provide them with a prescription for a one-month supply to be filled by a retail pharmacy.

Questions?

If at any time you have questions regarding our mail pharmacy, please contact customer service at 1-800-962-8192, Monday through Friday, 8 AM to 11 PM or Saturday 8 AM to 7 PM, (EST). For speech and hearing impaired assistance (TTY/TDD), call 1-800-221-6915.

Ordering Refills:

You can order refills of your NextRx prescription one of three ways. Be sure to allow 14 days for receipt of medications:

- 1) Internet: www.anthemprescription.com; click on Member online pharmacy services and follow the instructions to login or register (first time users only).
- 2) Mail: Use the convenient pre-printed refill order form included with every order and mail, along with payment, to: WellPoint NextRx mail service pharmacy, P.O. Box 746000, Cincinnati, OH 45274-6000.
- 3) Phone: 1-800-962-8192. Please have your prescription and payment information readily available. You can use our automated system or press  at any time to talk to a customer service representative.



Maximizing the savings and convenience of WellPoint NextRx mail service pharmacy:

Know your benefits. Check your summary of benefits to see if you are eligible to use our mail service or call customer service at 1-800-962-8192 or TTY/TDD 1-800-221-6915.

Check your prescription.

NextRx is only permitted, by law, to dispense your prescription exactly as it is written by your physician. Please ask your physician to consider the following when obtaining a new prescription:

- **Quantity:** Prescriptions should be written for the maximum days supply allowed by your health plan (normally three months) to maximize your savings.
- **Generic vs. Brand name:** Generic equivalent medications will be dispensed unless *Dispense As Written (DAW)* is indicated on your prescription. Please see below for more information on generic medications.
- **Plan ahead:** Make sure that you have enough medication on hand until your mail service prescription can be delivered. Ask your physician to write a prescription for a one-month supply to be filled at a local pharmacy.



When appropriate, choose generic medications.

Concerned about the rising costs of prescription medications? Talk to your doctor about generic medications. NextRx regularly dispenses generic medications in place of brand-name medications whenever appropriate, permitted by your physician and in accordance with your prescription benefit plan. Why? For many people, generic medications are a better choice. Generic medications are required by law to meet the same manufacturing standards as their brand-name equivalent for safety, purity, strength and quality, but, in general, cost 30-60% less!

If you need Spanish-language assistance to understand this document, you may request it at no additional cost by calling the customer service number on the back of your id card or in your enrollment booklet.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.





Enrollment Form

filled by Anthem Prescription Management, LLC
P.O. Box 746000
Cincinnati, OH 45274-6000
Telephone: 1-800-962-8192

For office use only—Input Code:

Four empty boxes for input code

Part 1: Primary Cardholder Information

Cardholder I.D. Number (usually found on your benefit card):

Row of 20 empty boxes for I.D. number

The pharmacist will dispense federally approved, generic equivalent medications for brand-name medications unless you or your practitioner direct otherwise.

Plan Name

Row of 20 empty boxes for Plan Name

Last Name

Row of 15 empty boxes for Last Name

First Name

Row of 15 empty boxes for First Name

Initial

One empty box for Initial

Date of Birth

Month / Day / Year boxes

Sex

Male Female radio buttons

Please list your complete shipping address below. Additional addresses can be added at any time.

Street Address

Row of 20 empty boxes for Street Address

Apt./Suite #

Four empty boxes for Apt./Suite #

City

Row of 15 empty boxes for City

State

Two empty boxes for State

ZIP

Five empty boxes for ZIP

Day Phone Number (include Area Code)

Area Code and phone number boxes

Evening Phone Number (include Area Code)

Area Code and phone number boxes

Email Address:

Row of 20 empty boxes for Email Address

New Prescriptions (Please provide the following information.)

Name

Row of 15 empty boxes for Name

Date of Birth

Month / Day / Year boxes

Doctor's Name

Row of 15 empty boxes for Doctor's Name

Name

Row of 15 empty boxes for Name

Date of Birth

Month / Day / Year boxes

Doctor's Name

Row of 15 empty boxes for Doctor's Name

Additional Refills (Please write your prescription number(s) in the boxes provided.)

Rx# Medication Name Rx# Medication Name

Payment Information

Payment is required at time of shipment. A \$25 fee is charged for all returned checks. Please allow 14 days from the date you mail your order for the delivery of your medication. If you prefer expedited shipping, please mark the appropriate oval below. Expedited shipping applies only to the shipping time for your order, and in-house processing times will apply. Expedited shipping fees are subject to change. Overnight (add \$20)

Please select your method of payment. Check/Money Order American Express Visa Mastercard Discover

Credit Card Number

Row of 16 empty boxes for Credit Card Number

Expiration Date

Month / Year boxes

Total Payment Enclosed \$

Please do not include cash.

Signature Date

PLEASE MAIL COMPLETED ORDER FORM, PRESCRIPTION(S) AND PAYMENT TO: P.O. Box 746000, Cincinnati, OH 45274-6000.

If you have questions, please contact Customer Service at 1 (800) 962-8192 or TTY/TDD 1 (800) 221-6915,

Monday through Friday 8:00 a.m. to 11:00 p.m., and Saturday 8:00 a.m. to 7:00 p.m., Eastern Time.

Our Interactive Voice Response (IVR) is now available 24 hours a day, 7 days a week.

Please continue on other side ->

Part 2: Confidential Patient Profile

Fill in the appropriate box(es) below for each member of the family that is covered.

	Member	Spouse	Dependent	Dependent	Dependent
Last Name <i>(if different from cardholder name)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Initial	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth <i>(mm/dd/yyyy)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex <i>(M–Male, F–Female)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Allergies to Medications: Check the appropriate box(es) where allergies to medications exist.

Penicillin (31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine (97)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfa (40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please list all)</i>					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical History: Check the appropriate box(es) for medical conditions diagnosed by a practitioner.

Diabetes (DIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure (HBP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition (HRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid (THY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma (EYEGLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers (GSTULC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy (MNM CVSNO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis (BNECPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression (CNSDEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis (ART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Conditions <i>(Please list all)</i>					
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If additional space is needed, please attach a separate sheet indicating patient name, date of birth, sex, and appropriate allergies to medications and medical history.

Please list cardholder name and any medications taken regularly, including over-the-counter drugs.
