

WELLPOINT nextRx sm

## 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.**

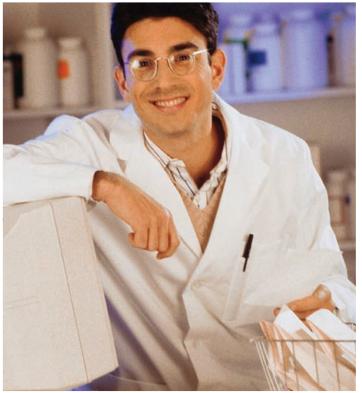
NextRx dispenses the same quality, FDA-approved medications as purchased from a retail pharmacy, with the added convenience of home delivery.

### 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:

- Internet: www.anthemprescription.com; click on Member online pharmacy services and follow the instructions to login or register (first time users only).
- 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.



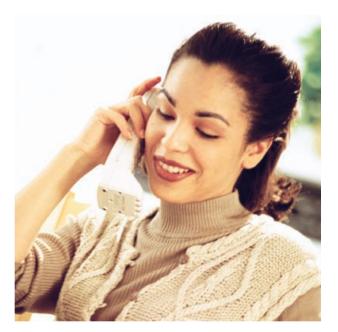
## Maximizing the savings and convenience of WellPoint NextRx mail service pharmacy:

**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.



WellPoint NextRx is a service mark of WellPoint, Inc. Services are provided by a WellPoint PBM (either Professional Claim Services Inc., doing business as WellPoint Pharmacy Management, or Anthem Prescription Management, LLC, as appropriate). WellPoint NextRx is a division of WellPoint, Inc.

PBM-32 Rev. 12/06 IA-07-MA-022 02/2007



# filled by Anthem Prescription Management, LLC P.O. Box 746000

P.U. Box 746000 Cincinnati, OH 45274-6000 Telephone: 1-800-962-8192

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Part 1: Primary Cardnoider Information
Cardholder I.D. Number (usually found on your benefit card):
The pharmacist will dispense federally approved, generic equivalent medications for brand-name medications unless you or your practitioner direct otherwise.
Plan Name
Last Name First Name Initial
Data of Birth
Date of Birth Sex  Male Female
Month Date Year
Please list your complete shipping address below. Additional addresses can be added at any time.
Street Address Apt./Suite #
City State ZIP
Day Phone Number (include Area Code) Evening Phone Number (include Area Code)
Area Code Area Code
Email Address:
New Prescriptions (Please provide the following information.)
Name Date of Birth Doctor's Name
Month Date Year
Name Date of Birth Doctor's Name
Month Date Year
Additional Refills (Please write your prescription number(s) in the boxes provided.)
Rx# Medication Name Rx# Medication Name 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 Expiration Date
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.



#### Part 2: Confidential Patient Profile

	Member	Spouse	Dependent	Dependent	Dependent
Last Name (if different from cardholder name)					
First Name					
Middle Initial					
Date of Birth (mm/dd/yyyy)					
Sex (M–Male, F–Female)					
llergies to Medications	s: Check the approp	riate box(es) where	allergies to medica	tions exist.	
Penicillin (31)					
Codeine (97)					
Sulfa (40)					
Aspirin (4)					
Other (Please list all)					2
None					
Medical History: Check t	the appropriate box	(es) for medical cor	nditions diagnosed b	y a practitioner.	
Diabetes (DIA)					
High Blood Pressure (HBP)					
Heart Condition (HRT)					
Thyroid (THY)					
Glaucoma (EYEGLA)					
Ulcers (GSTULC)					
Epilepsy (MNMCVSNO)					
Osteoporosis (BNECPR)					
Depression (CNSDEP)					
Arthritis (ART)					
Other Conditions (Please list all)					
None					