

HOW TO ORDER YOUR PRESCRIPTION

Talk to a NextRx pharmacy associate and get your free, personal cost savings estimate. Then, when you're ready to place an order, choose a method that's most convenient for you.

BY MAIL

Use the attached form to order new prescriptions or refills by mail. The form allows two members to order at the same time (use additional forms when ordering for more than two people). Mail your order form and the original prescription using the accompanying envelope.

BY FAX

If you don't have the original prescription, you will need to complete the attached form and ask your doctor to fax it, along with an original prescription, to NextRx at 800-905-9815. NextRx must receive faxed prescriptions directly from the physician's office.

BY PHONE

To order new prescriptions by phone, call a NextRx pharmacy associate at 888-613-6091. Call the phone number provided on your prescription bottle when you're ready to order a refill.

Language translation services available at 877-373-6770.

WellPoint NextRx is a registered service mark of WellPoint, Inc. Services are provided by a WellPoint PBM (either NextRx Services, Inc. or NextRx, LLC, as applicable). WellPoint NextRx is a division of WellPoint, Inc.



Convenient, personalized service.

With NextRx, you receive accurate, quality medications – delivered right to your door. Standard shipping is free.

To help you stay on track with your medication therapy, NextRx will send you refill reminders. You also get unlimited phone access to a licensed pharmacist for one-on-one counseling and information on your prescription or over-the-counter medications.

Quick and easy refills.

Once you start using NextRx, you can refill your prescriptions quickly and easily using the attached form, online at mynexrx.com or through an automated phone service from anywhere and at any time that's convenient for you. Your prescription bottle will tell you when you are able to refill and the number to call to place your order.

Helpful, friendly service.

Ready to request a free cost savings estimate or need help obtaining a prescription from your doctor? A NextRx pharmacy associate is ready to assist. Call 888-613-6091, Monday through Friday, 8 a.m.-11 p.m. and Saturday 8 a.m.-7 p.m. ET (TTY 800-221-6915). If you have questions on your benefit coverage or need assistance with an existing prescription, call the number on your prescription bottle or health plan benefit card.

GET THE MOST OUT OF YOUR PHARMACY BENEFIT.

Using the NextRx mail service for all your maintenance medications is convenient and easy. Free shipping, timely delivery, easy refills, access to a licensed pharmacist, and an opportunity to save on your prescriptions. Life is a little easier with personal services and savings.

Call 888-613-6091 for your free, personal cost savings estimate.

Prescription savings opportunities.

If you are taking prescription medications on a regular basis, you may save time and money with NextRx.

While every prescription drug plan is different, NextRx mail service generally fills a 90-day supply of medication for the cost of a 60-day supply from a retail pharmacy. That means you may save an amount equal to one co-payment every three months. Plus, unless directed otherwise, NextRx dispenses generic medications that usually cost 30 to 60 percent less than the brand name counterparts.

Switch. Save. Relax.

GET THE MOST OUT OF MAIL SERVICE!

Are you taking full advantage of your pharmacy benefit with NextRx mail service? For more information, visit mynexrx.com or contact us at 888-613-6091.

8990 Duke Blvd.
Mason, OH 45040

nextRxSM

Place postage here

nextRxSM

SIMPLIFY.

SAVE.

RELAX.

NextRx, your health plan's preferred mail service pharmacy.

For all your routine medication needs.

Place Stamp Here

nextRxSM

PO BOX 746000
CINCINNATI OH 45274-6000

Mail your completed order form, original prescription(s) and payment using the accompanying envelope.

If you do not have the original prescription(s), ask your doctor to fax prescription(s) along with this order form, to NextRx at **800-905-9815**.



Section 1: Member Information

Provide policy or cardholder information as found on the health plan or benefit card. Please do not write on the back of form.

Name of Your Health Plan

Identification Number

Policy or cardholder last name

Initial Date of birth (MM/DD/YYYY)

Section 2: Shipping Information

Orders ship within seven days of receipt of valid order. Controlled and refrigerated medications cannot ship to a PO box. Schedule II controlled substances require signature on delivery.

New address Street address

Apartment/suite

Y N

City

State ZIP code

Daytime phone # (including area code)

E-mail address

Evening phone # (including area code)

Section 3: Payment Information

Payment is required before an order will ship. Do not send cash. Make checks and money orders payable to NextRx. There is a \$25 fee for returned checks. Credit cards are charged for the entire order and used for future orders unless a new payment method is specified. Rush shipping does not expedite prescription processing time.

Payment method: Check Visa MasterCard American Express Discover Overnight Shipping (add \$20)

Account number

Expiration date Signature/date

Amount enclosed: \$

Coupon Code:

Section 4: Prescription Information

Use additional forms when ordering for more than two people. Federally approved, generic-equivalent medications will be dispensed for brand name medications unless otherwise directed by the patient, physician, or health plan.

Patient last name

First name

Initial Patient date of birth (MM/DD/YYYY)

Patient gender

Drug allergies (check all that apply): Penicillin Aspirin Codeine Sulfa

Other (list all, including over-the-counter medications)

Medical history (check all that apply): Diabetes Glaucoma High blood pressure Arthritis

Thyroid Heart condition Asthma Other (list all)

New prescription: medication name

Doctor last name

Taken before

Check corresponding box to place prescription(s) on file for later fill. Do NOT dispense at this time.

Refill orders: Rx refill # Medication name

Patient last name

First name

Initial Patient date of birth (MM/DD/YYYY)

Patient gender

Drug allergies (check all that apply): Penicillin Aspirin Codeine Sulfa

Other (list all, including over-the-counter medications)

Medical history (check all that apply): Diabetes Glaucoma High blood pressure Arthritis

Thyroid Heart condition Asthma Other (list all)

New prescription: medication name

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Taken before

Check corresponding box to place prescription(s) on file for later fill. Do NOT dispense at this time.

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