

# Your prescription drug plan

## Retail pharmacy network

Our network includes more than 64,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your plan ID card.

To make sure your pharmacy's in our network, visit **anthem.com**.

- Log in and click on “Refill a Prescription.” You will be directed to the Express Scripts website.
- Click on “My Prescription Plan” in the left-hand column.
- Click on “Find a Pharmacy.”

Choosing a non-network pharmacy means you'll pay the full cost of your drug. Then, you may submit a claim form to be repaid.

To access the form, visit **anthem.com**.

- Log in and select the “Refill a Prescription” link. You will be directed to the Express Scripts website.
- Click on “My Prescription Plan” in the left-hand column, then click on “Coverage & Copayments.” The claim form is on this page.

## Home Delivery Pharmacy

Home delivery is for people who take medicine on an ongoing basis. Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

## Note about your pharmacy information on the web:

Express Scripts is the company that manages the operations of your drug plan. The first time you're directed to the Express Scripts website, you'll go through a brief registration. The purpose is to set your preferences for communication and privacy. You'll do this only once.

Please do not go directly to the Express Scripts website. The only way to make sure you're viewing your pharmacy information correctly is by logging in to **anthem.com** first.

## Your prescription drug plan (continued)

### Getting started with home delivery

Switching is simple. You can order by phone, mail or fax.

**By phone:** Call **866-281-2966**, Monday through Friday, 8:30 a.m. to 8 p.m., Eastern time. You'll find out how much your prescription will cost and how much you can save. Have this information handy: your prescription, doctor's name, phone number, drug names and strengths and credit card (cardholder name, account number and expiration date).

**By mail:** Visit **anthem.com** to get an order form.

- Log in and select "Refill a Prescription." You will be directed to the Express Scripts website.
- Click on "Fill a New Prescription."
- Choose the "Print a Prescription Order Form" link. You can print the form and complete it by hand. Or you can fill out a web-based form and print it.
- Mail your completed form, prescription from your doctor, and payment to:

Home Delivery Pharmacy  
PO Box 66785  
St. Louis, MO 63166-6785

**By fax:** Have your doctor fax your prescription to **800-600-8105**. It must be faxed directly from your doctor's office. If there is a question about your prescription, the pharmacy will contact your doctor.

### Ordering refills

With home delivery, you don't have to worry about running out of medicine. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail or online.

**By phone:** Have your prescription label and credit card ready. Call **866-281-2966** and select "Automated Refill Order Line" from the menu. Or press zero any time to speak with a patient care advocate. If you are speech or hearing impaired, call **800-899-2114**. Follow the prompts to place your order.

**By mail:** Fill out an order form you received with a previous order. Affix your label or write your refill number in the space provided. Mail the form and your payment to:

Home Delivery Pharmacy  
PO Box 66785  
St. Louis, MO 63166-6785

## Your prescription drug plan (continued)

**Online:** Visit [anthem.com](https://www.anthem.com).

- Log in and select “Refill a Prescription.” You will be directed to the Express Scripts website.
- Choose the drugs you want to refill, and click “Add Refills to Cart.”
- Review the order, shipping method, payment, medical information and contact information, and make changes if needed.
- Click “Place My Order.”

### Specialty pharmacy

CuraScript, the Express Scripts specialty pharmacy, provides support and medicine for people with complex, long-term conditions. They include (but aren't limited to):

- Asthma
- Cancer
- Crohn's Disease
- Gaucher's Disease
- Hemophilia
- Hepatitis C
- HIV/AIDS
- Infertility
- Multiple sclerosis
- Primary immune deficiency
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)
- Transplant

Nurses, pharmacists and patient care advocates work together to help improve your care. Their goal is to help you get the best results from your treatments.

### Ordering specialty drugs

You can place your first order by phone or fax.

**By phone:** Call **800-870-6419**, Monday through Friday, 8 a.m. to 10 p.m., Eastern time. A patient care advocate will help you get started.

**By fax:** Ask your doctor to fax your prescription and a copy of your plan ID card to **800-824-2642**.

# Your prescription drug plan (continued)

## Ordering refills

**Online:** Visit [anthem.com](https://www.anthem.com).

- Log in and select “Refill a Prescription.” You will be directed to the Express Scripts website.
- Choose the drugs you want to refill, and click “Add Refills to Cart.”
- Review the order, shipping method, payment, medical information and contact information, and make changes if needed.
- Click “Place My Order.”

**Note:** For some drugs, you must call to order a refill.

**By phone:** Have your member ID number and CuraScript prescription number ready. Call **800-870-6419** and select “Place a Refill Order” from the menu. Or press zero any time to speak with a patient care advocate. If you are speech or hearing impaired, call **800-221-6915**. Follow the prompts to place your order.

## Drug List

Our Drug List (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand and generic drugs.

We research drugs and select ones that are safe, work well and offer the best value. That's because we think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

Sometimes we update the Drug List if new drugs come to market, or if new research becomes available. To view the current list, visit [anthem.com](https://www.anthem.com). Click on “Customer Care” in the top-right corner. Select your state, then click “Download Forms.” You'll find the Drug List on this page.

If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your plan ID card.

## Generic drugs

Your plan covers brand and generic (or non-brand) drugs. When you choose a generic, you'll get the same effect as a brand drug – but usually at a lower cost.

Brand and generic drugs have the same active ingredient, strength and dose. And, generics must meet the same high standards for safety, quality and purity.

## Your prescription drug plan (continued)

### Why generics cost less

Developing a new drug is expensive. When a company creates a new drug, it gets a patent for up to 20 years. That means only the company that created it can sell it during that time. Once the patent expires, other companies can make copies of the same drug. These companies can avoid the high costs of developing the drug – and that helps lower the price for you.

Talk to your doctor to see if a generic is right for you. Don't switch or stop taking any drugs until you talk to your doctor.

### Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. But, some drugs need our review and approval before they're covered. This process is called prior authorization. It focuses on drugs that may have:

- Risk of serious side effects
- High potential for incorrect use or abuse
- Better options that may cost you less
- Rules for use with very specific conditions

If your drug needs approval, your pharmacist will let you know. To check in advance, call the Customer Service phone number on your ID plan card.

The Drug List also includes this information. To view it, visit [anthem.com](https://www.anthem.com). Click on "Customer Care" in the top-right corner. Select your state, then click on "Download Forms." You'll find the Drug List on this page.



# HOME DELIVERY PHARMACY ORDER FORM

### To MAIL your prescription:

1. "Patient" box must be filled out.
2. Have your Doctor write a prescription.
3. Send your new prescription along with this completed form to:  
Express Scripts Home Delivery Service  
PO Box 66558  
St. Louis MO 63166-6558

### To FAX your prescription:

1. Both "Dr/Prescriber" and "Rx Form" boxes must be filled out.
2. Doctor can fax to: 1-866-272-8856
  - **Class II prescriptions cannot be faxed.**
  - Faxes will only be accepted from a doctor's office.

### PATIENT

Member ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Over-the-Counter Medications: \_\_\_\_\_

\_\_\_\_\_

### DOCTOR/PRESCRIBER

DEA: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

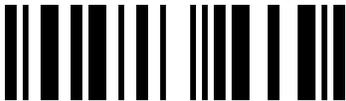
Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### PATIENT OPTIONS

- I want non-child resistant caps, when available.
- I want a copy of my bottle label in large print on a separate sheet of paper.
- Check here for rush delivery. Once your order is received and filled, it will be shipped overnight for \$21.

**If you want to make a payment or update your health conditions, please visit your health plan provider's website.**



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<b>Rx</b>			
_____	_____	Date: ___ / ___ / ___	
<b>First Name</b>	<b>Last Name</b>		
<b>Drug Name/Form/Strength</b>	<b>Qty</b>	<b>Directions for Use</b>	<b>Refills</b>
<b>X</b> _____ Doctor/Prescriber Signature – Substitution Permissible		<b>X</b> _____ Doctor/Prescriber Signature – Dispense as Written	
Stamped signatures cannot be accepted.			

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