Mail-Order Prescription Service Available for IEHP DualChoice Members

A great way to help your **IEHP DualChoice** Members stay safely at home is to encourage them to join IEHP’s prescription mail order service at: [https://www.alliancerxwp.com/home-delivery](https://www.alliancerxwp.com/home-delivery).

- At your patient’s request, you can send prescriptions by eRx or fax to AllianceRx Walgreens Prime for home delivery.
  - Fax: **1-800-332-9581** (Please use the attached AllianceRx Home Delivery Prescriber Fax Form)
  - E-Prescribe: AllianceRx Walgreens Prime#03397 in Tempe, AZ
  - eRx: AllianceRx Walgreens

- To learn more, call AllianceRx Walgreens Prime at **1-800-345-1985**.

**IEHP’s mail order prescription service should help remove obstacles to care by ensuring your patients get the prescribed medicines they need delivered to their homes.** Another benefit of the program is the assistance it provides to your most vulnerable patients who may have additional challenges at this time.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

Enclosure: AllianceRx Home Delivery Prescriber Fax Form
Dispense as written (brand is medically necessary)

THIS FORM MUST BE FAXED FROM A PRESCRIBER’S OFFICE TO BE VALID.

PATIENT SECTION

Patient: To have your order processed, you must be registered with AllianceRx Walgreens Prime. You can register online at alliancexwp.com/home-delivery.

IMPORTANT NOTICE: Generic equivalents are less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box. I do not accept a generic equivalent.

After you are registered, please print your member ID number, BIN, and PCN listed on your ID card, and your phone number and address in the space below. Give this form to your prescriber to complete and fax to us.

Member ID Number (located on card) ___________________________ BIN (located on card) ___________________________ PCN (located on card) ___________________________

Patient Address: ____________________________________________

City: __________________ State: ______ ZIP Code: __________ Patient Phone: ________

PRESCRIBER SECTION

Prescriber: Fax this completed form to AllianceRx Walgreens Prime at 800-332-9581.

Patient Name: ___________________________ DOB (MM/DD/YYYY) ___________________________

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<th>Medication</th>
<th>Strength</th>
<th>Directions</th>
<th>Qty.</th>
<th># of Refills</th>
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Your signature and date are required. Most prescription drug plans allow up to a 3 month supply with three refills. NOT VALID FOR CII PRESCRIPTIONS.

Prescriber Signature: ___________________________ DATE: ____________

☐ Dispense as written (brand is medically necessary) ☐ Generic substitution permitted

NPI#: ________________________ DEA#: ____________ Required for Controlled Substances

Prescriber Name (Please print): __________________________________________

City: __________________ State: ______ Zip Code: __________

Prescriber Phone: _______ – _______ – _______ Prescriber Fax: _______ – _______ – _______

☐ Check box if this is a new fax number

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's health care. It is being sent to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws. IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify us immediately.

Brand names are the property of their respective owners.

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