



Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

March 11, 2020

Reminder: Pharmacy Mail Order Services

Dear IEHP Providers,

As a reminder, IEHP has mail order pharmacy services available for our Members. IEHP offers an alternative way for Members to receive their prescription medications by mail, at the convenience of their own homes.

Please follow the steps below to sign up for prescription medication mail order services:

1. Confirm Member agrees to mail order prescription services
2. Advise the Member to register with Walgreens Mail Service utilizing one of the following methods:
 - a. Via web at: Walgreens.com/mailemailservice
 - b. By phone: (800) 345-1985
3. Send a valid prescription to Walgreens Mail Service by one of the following methods:
 - a. E-prescribing: Walgreens Mail Service
Store #03397
8350 S River Pkwy
Tempe, AZ 85284-2615
 - b. Via fax: complete the Mail Service Prescriber Fax Form attached and fax to:
(800) 322-9581.

If you have any additional questions, please feel free to contact us at (909) 890-2049 between 8:00am-5:00pm Monday through Friday. Thank you for your attention to this matter.

Sincerely,
IEHP Pharmaceutical Services

10801 6th St., Suite 120, Rancho Cucamonga, CA 91730
Tel (909) 890-2049 Fax (909) 890-2058
Visit our web site at: www.iehp.org

A Public Entity



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 Walgreens Mail Service. You can register online at **Walgreens.com/mailservice** or by mail using the form included in your enrollment kit.

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 Walgreens Mail Service at 800-332-9581. 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.**

Send eRx prescriptions to: Walgreens Mail Service
Store #03397
8350 S River Pkwy
Tempe, AZ 85284-2615

Patient Name _____ DOB [MM/DD/YYYY] _____

Medication	Strength	Directions	QTY	# of Refills	DAW
					<input type="checkbox"/>
					<input type="checkbox"/>

Date _____ NPI# _____ DEA# _____ Required for Controlled Substances

Prescriber Signature _____ Prescriber Signature _____

Dispense as written Brand medically necessary

Generic substitution permitted

Prescriber Name (Please print) _____

City _____ State _____ Zip Code _____

Prescriber Phone _____ - _____ Prescriber Fax _____ - _____ Check box if this is a new fax number

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