

Meds by Mail



Hours (Monday – Friday):

**Cheyenne, WY (West)**  
10:30 a.m. – 5:30 p.m. Eastern Time

**Dublin, GA (East)**  
8:30 a.m. – 3:30 p.m. Eastern Time

Email: [meds.mail@va.gov](mailto:meds.mail@va.gov)

IMMEDIATELY call your health care provider if you have questions about medical conditions or a drug reaction.

## West

If you live in one of the following states please mail your order form to the address listed below:

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming.

**address:** Meds by Mail  
PO Box 20330  
Cheyenne WY  
82003-7008

**telephone:**  
1-888-385-0235

## East

If you live in one of the following states, districts, or territories please mail your order form to the address listed below:

Alabama, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia.

**address:** Meds by Mail  
VISN 7/Dublin  
PO Box 9000  
Dublin GA  
31040-9000

**telephone:**  
1-866-229-7389

## CONSIDER THE BENEFITS!

### SAVINGS

No out-of-pocket expenses, No cost sharing, No co-pay and No annual deductible.

### NO CLAIM FORMS!

There are no insurance claim forms to fill out.

### CONVENIENCE!

Your medications are mailed directly to your home. Make sure CHAMPVA has your current address and phone number on file.

### I HAVE A QUESTION – WHO CAN HELP ME?

The Health Administration Center (HAC) will assist with:

- General Information about CHAMPVA
- General Information about Meds by Mail
- Meds by Mail order forms

Hours: Monday – Friday 8:05 a.m. – 7:30 p.m. Eastern Time

Phone: 1-800-733-8387

Email: Follow the directions for submitting secure email at this web link:  
<http://www.va.gov/hac/contact>

Your regional Meds by Mail Service Center will assist you with:

- Status of an order
- Questions about drug availability
- Questions for the pharmacist
- Patient profile updates

# CHAMPVA

WEST - CHEYENNE, WYOMING  
EAST - DUBLIN, GEORGIA

PO Box 20330  
PO Box 9000

CHEYENNE, WY 82003-7008  
DUBLIN, GA 31040-9000

# Meds by Mail

Please complete the Patient Profile Form VA 10-0426a on the back of this brochure panel and return it with your **first order** to the appropriate Meds by Mail Center based on the state you reside in.

**A profile is needed for each Meds by Mail beneficiary.** Remember to report changes to your patient profile information to the Pharmacy Servicing Center right away.



**Tired of paying for your prescriptions?  
If you answered yes, READ THIS.  
You might qualify for COST-FREE  
medications.**

### WHAT IS MEDS BY MAIL?

Meds by Mail is a pharmacy mailing service which provides a safe, easy and cost-free way for eligible CHAMPVA beneficiaries to receive non-urgent maintenance medications delivered directly to the home. CHAMPVA beneficiaries mail their prescriptions based on where they reside, to the Meds by Mail Pharmacy Servicing Center at Cheyenne, Wyoming (West) or the Pharmacy Servicing Center at Dublin, Georgia (East). The prescriptions are filled and mailed to your home from the Consolidated Mail Outpatient Pharmacy located in Leavenworth, Kansas.

### WHO IS ELIGIBLE FOR MEDS BY MAIL?

You are eligible if you don't have ANY other type of health insurance that pays for prescriptions. Meds by Mail is only for people without other prescription coverage.

### I HAVE SIGNED UP FOR MEDICARE PART D, AM I ELIGIBLE TO USE MEDS BY MAIL?

NO. Since Medicare Part D is a prescription program and is considered other health insurance you would not be eligible to use Meds by Mail.

### I'M STILL NOT SURE IF I CAN USE THE MEDS BY MAIL PROGRAM, WHAT SHOULD I DO?

If you have questions about eligibility please call CHAMPVA at 1-800-733-8387, or email us by following the directions for submitting secure email at this web link: <http://www.va.gov/hac/contact>

### WILL A CHANGE IN OTHER HEALTH INSURANCE AFFECT MY PARTICIPATION IN THE MEDS BY MAIL PROGRAM?

YES. Any other health insurance that includes pharmacy coverage can affect your eligibility for Meds by Mail. Please notify CHAMPVA of any changes in your health insurance coverage.

### CAN I STILL USE MY LOCAL PHARMACY?

YES. In fact you should use your local pharmacy for urgent care medications. You can file claims for prescriptions filled at your local pharmacy and be reimbursed up to 75% of the allowable amount.

### WHAT KINDS OF MEDICATIONS CAN I GET BY USING THE MEDS BY MAIL PROGRAM?

- You can get maintenance medications which are taken for a longer period of time such as blood pressure, heart, arthritis and chronic pain medications.

### GENERIC MEDICATIONS

- Whenever possible the VA will use the generic equivalent.
- If your health care provider requires you to take a brand name prescription you need to contact your Meds by Mail servicing center or Meds by Mail offices at [meds.mail@va.gov](mailto:meds.mail@va.gov). If the brand name drug is not on the Meds by Mail formulary you will need to have it filled at a retail pharmacy. Prescriptions filled in a retail pharmacy require you to pay a 25% cost share.

### HOW DO I PLACE AN ORDER?

Have your health care provider write a new prescription for at least a 30 day supply or up to a maximum of a 90 day supply plus refills, not to exceed one year.

New orders **must include** the original prescription (**not a copy**) and a completely filled out Meds by Mail Order Form VA Form 10-0426. Remember to include the patient's Social Security number on the order form and the prescription form. Be sure the prescription has your health care provider's first and last printed name, phone number and mailing address. Fill out and mail a Patient Profile Form VA Form 10-0426a, with your first order. Report any changes to your Pharmacy Servicing Center.

### HOW DO I GET FORMS?

You can get order forms one of three ways.

- Call CHAMPVA at 1-800-733-8387, and ask that they be mailed to you.
- Email CHAMPVA and request that they be mailed to you. Follow the directions for submitting secure email at this web link: <http://www.va.gov/hac/contact>
- Download the forms from [www.va.gov/hac](http://www.va.gov/hac). Select the tab *HAC Forms* on the left and then scroll down to the form you need.

### HOW DO I GET A REFILL?

If your health care provider included refills with your prescription, a refill slip will be sent to you with each Meds by Mail delivery. IMMEDIATELY send in your refill slip as soon as you receive your medications. Prescriptions may be refilled in 90 day increments.

### HOW LONG DOES IT TAKE TO GET A PRESCRIPTION FILLED?

Allow 14–21 days from the day you mail in your order. Please don't call the Meds by Mail Servicing Center to check on your order until 10 days have passed since you mailed in your refill request.



## Patient Profile Form

PATIENT'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX:  Male  Female

SOCIAL SECURITY #: \_\_\_\_\_

<b>ALLERGIES</b>	<b>HEALTH CONDITIONS</b>
<input type="checkbox"/> NONE	<input type="checkbox"/> DIABETES
<input type="checkbox"/> AMPICILLIN	<input type="checkbox"/> GLAUCOMA
<input type="checkbox"/> ASPIRIN	<input type="checkbox"/> HEART
<input type="checkbox"/> CEPHALOSPORINS	<input type="checkbox"/> HIGH BLOOD PRESSURE
<input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> CODEINE	<input type="checkbox"/> INTestinal
<input type="checkbox"/> ERYTHROMYCIN	<input type="checkbox"/> LUNG
<input type="checkbox"/> PENICILLIN	<input type="checkbox"/> THYROID
<input type="checkbox"/> SULFA	

SIGNATURE \_\_\_\_\_

RELATIONSHIP TO BENEFICIARY \_\_\_\_\_

DATE \_\_\_\_\_