

NAVITUS MAIL ORDER – NOVIXUS PHARMACY

Mail Order Service

Looking for a fast, easy and convenient way to receive your maintenance medications? With Navitus Mail Order Service, prescriptions are delivered right to your door – no need to stand in line at the pharmacy.



To enroll in Mail Order service by mail, please use the [Novixus Mail Order Service](#) form.

Navitus Mail Order Service is offered through a partnership with Novixus. Review the following pages for frequently asked questions. For more information about Mail Order Service, please call Novixus Customer Care at 888-240-2211.

To receive information about the prescriptions of others on your benefit plan, you will first benefit plan, you will first need to submit a [Protected Health Information \(PHI\)](#) form.

Please note: Mail order service is recommended only for maintenance medications, rather than medications that will only be needed on a short-term basis (e.g. antibiotics for an acute illness). Maintenance medication(s) are typically used to treat chronic, long-term conditions.

A. My Account

1. How do I begin using the NoviXus Pharmacy Services website?
2. How do I choose a user name and password for my online account?
3. I forgot my user name and/or password. How can I login to my account?
4. How do I update my personal information?
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B. Ordering Prescriptions

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10. How do I order a refill of my current NoviXus Pharmacy Services prescription?
11. My prescription drug plan has changed to NoviXus Pharmacy Services from a different mail service provider. How do I order refills of my existing prescriptions from my previous provider?

C. Shipping and Delivery

1. Do you ensure that medications are maintained at certain temperatures?
2. How are prescription orders shipped?
3. How soon will my prescription order arrive?

D. Coverage, Cost and Plan Information

1. How much will my prescription order cost?
2. Where can I find information regarding my prescription plan?
3. I have my prescription coverage with a Medicare Part D health plan. Can I order my maintenance medication(s) at NoviXus Pharmacy Services?

E. Contacting Patient Care

1. What is the phone number for NoviXus Patient Care?
2. Can I speak to a pharmacist directly?

A. My Account

1. How do I begin using the NoviXus Pharmacy Services website?

Your first step is to register on the NoviXus Pharmacy Services website. Enter your last name, date of birth, gender and member ID number on the homepage and then click Register. Once you have registered, you will have the ability to order refills, view your drug history, track order deliveries and submit questions to the NoviXus pharmacist.

Please establish a separate online account for each eligible family member.

The information you provide is kept confidential and secure in accordance with HIPAA and other applicable state privacy laws.

If you do not wish to register online, you can also mail in the registration form included with your enrollment packet.

2. How do I choose a user name and password for my online account?

Choose login information that will be easy for you to remember. All user names and passwords must be at least 6 characters (letters or numbers) long. For security purposes, each member's user name must be unique.

3. I forgot my user name and/or password. How can I login to my account?

Click on "Forgot Username or Password?" located on the home page of the website. You may choose either "Forgot Password" or "Forgot Username". If you are still unable to gain access to our website, please contact NoviXus Patient Care at (888) 240-2211 for assistance. Our hours of operation are Monday – Friday from 8:30am to 5pm EST.

4. How do I update my personal information?

If your name has changed, please contact NoviXus Patient Care at (888) 240-2211. You can update other information, including your address, through your online account or by updating your information on your order form.

5. Why can't I see my spouse's or my child's information through my online account?

Because we value your security, our system identifies registered members by a unique prescription profile and stores each person's prescription medication history in his or her own secure account

B. Ordering Prescriptions

1. How do I transfer a prescription from another pharmacy?

For prescriptions from retail pharmacies: Ask your prescriber to write a new prescription to replace each prescription you wish to have filled. You may request that your prescriber e-prescribe or fax it (print the prescriber fax form) to the mail service pharmacy number listed on the form. By law, faxed and e-prescribed prescriptions are valid only if sent from a prescriber's office.

2. How do I check the status of my order?

You can view order status information at any time by logging in and clicking on 'Prescriptions' at the top of the screen. To check status by phone, contact us at (888) 240-2211.

You should receive your order within 6-10 business days. If you have not received your prescription order within 10 business days from the time the order was placed, be sure to contact NoviXus Patient Care.

3. What do I do if I need an emergency prescription?

If you have lost or forgotten your medication, contact NoviXus Customer Service at (888) 240-2211.

4. What medications are considered maintenance medications?

Any medication that is prescribed to be taken for 3 months or longer may be considered a maintenance medication.

5. Can my prescriber call in my prescription to NoviXus Pharmacy Services?

Yes. NoviXus Pharmacy Services can accept prescriptions by phone with the exception of controlled substance (Schedule 2) drugs. If your doctor has the technology to electronically prescribe medications (e-prescribe), request that yours be submitted this way or have your doctor complete the prescriber fax form which is also included in your member enrollment packet. By law, faxed and e-prescribed prescriptions are only valid if sent from a doctor's office.

6. What payment methods do you accept?

A credit card is required for orders submitted online or by phone. We accept American Express®, Discover® Card, MasterCard® and Visa®.

For orders submitted by mail: Include your credit card information or send a check or money order made payable to NoviXus Pharmacy Services. **Do not send cash.**

Your check or money order must include your name, your family members' names (if you are paying for their prescription orders), address, telephone number(s) and one of the following: order number, prescription number, invoice number, member ID number.

IMPORTANT: Submitting a payment amount for a brand-name medication does not mean you will automatically receive the brand-name medication. Depending upon your health plan, you may receive its generic equivalent. If you are not sure if the medication you have been prescribed has a generic equivalent, please submit payment for the brand-name medication. If NoviXus Mail Service substitutes the brand-name medication with a generic equivalent, your account will be credited for the difference.

If you are mailing a check and are unsure of your cost, please refer to your plan administrator for specific drug cost information by calling the telephone number listed on your benefit ID card.

7. Will a pharmacist always be involved in the filling of my prescription?

Yes. To ensure quality and safety, a pharmacist is involved in both the review and dispensing of every prescription order. If a question about your prescription order arises, a NoviXus Pharmacy Services pharmacist will contact your prescriber.

8. What happens when my prescription refills expire or there are no refills remaining?

NoviXus Pharmacy Services will attempt to contact your prescriber for refill authorization. We will notify you if we are unable to obtain this authorization or if the prescriber needs to discuss your medication with you.

9. Why did I receive a generic medication instead of the brand-name medication that was originally prescribed?

Depending upon your plan, your prescriber's wishes and what is allowed by state law, NoviXus Pharmacy Services will substitute generic equivalents for brand-name medications whenever

possible. Generic medications have the same active-ingredient formula as brand-name medications.

10. How do I order a refill of my current NoviXus Pharmacy Services prescription?

Before ordering a refill, refer to the refill information that came with your previous order. You may only order your prescription refill on or after the date that appears on your refill order form.

To refill personal prescriptions online, login and click 'Prescriptions' at the top of the screen. Check the green 'Refill Now' box of the prescriptions you wish to refill.

If you do not wish to use the web site, call us at (888) 240-2211.

You can also mail your request by completing the refill order form enclosed with your previous order.

11. My prescription drug plan has changed to NoviXus Pharmacy Services from a different mail service provider. How do I order refills of my existing prescriptions from my previous provider?

In most cases, NoviXus Pharmacy Services receives member prescription files from the previous mail service provider. If so, you should see your existing prescriptions and available refills when you login to your NoviXus account.

C. Shipping and Delivery

1. Do you ensure that medications are maintained at certain temperatures?

Yes. NoviXus Pharmacy Services follows strict guidelines when shipping medications that require special handling. Temperature sensitive medications are shipped using overnight delivery at no additional cost to the member.

2. How are prescription orders shipped?

Orders are shipped free of charge, in secure, confidential and tamper-evident packaging via the U.S. Postal Service. Controlled substances require an adult's signature upon delivery.

Prescriptions can be shipped Next Business Day. If you choose Next Business Day delivery there is a \$25 charge.

3. How soon will my prescription order arrive?

Allow 10 business days from the time you place your order. Next Business Day shipping is available for an additional charge.

D. Coverage, Cost and Plan Information

1. How much will my prescription order cost?

Please refer to your plan administrator for specific cost information by calling the telephone number listed on your benefit ID card. For your convenience, we can place your credit card on file for future orders.

2. Where can I find information regarding my prescription plan?

For all questions regarding your prescription benefit, contact your plan administrator by calling the telephone number listed on your benefit ID card.

3. I have my prescription coverage with a Medicare Part D health plan. Can I order my maintenance medication(s) at NoviXus Pharmacy Services?

NoviXus Pharmacy Services is included in many Medicare Part D insurance plan networks. Contact your plan administrator to learn if NoviXus Pharmacy Services is included in your benefit.

E. Contacting Patient Care

1. What is the phone number for NoviXus Patient Care?

Call NoviXus Patient Care toll free at 1-888-240-2211. You may also send us a message through the NoviXus Pharmacy Services website using the Contact Us page.

2. Can I speak to a pharmacist directly?

Call NoviXus Patient Care at 1-888-240-2211 to take advantage of one-on-one pharmacist consultations.

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

አርሲያ፣ ወይም አርሲያ የሚገለገሉት ስለ Alliant Health Plans ጥያቄዎችን ያለ ምንም ክፍያ በቋንቋዎ አርዳኛ ማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለማግኘት፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resewwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي ان و دن م لفت غ لغب هي و روض ل ات ام و ل ع دل او د د ع بل مل اى ل ع ل و ح ل اى ق ح ل الفى دلف ، Alliant Health Plans من ص ب ل ع ن ا ه د ع بل م ن ص ش ي دل و ا ل ف ي دل ن ك ن ا ب ل ح ر ت م ع م ت د ح ل ل . ق ل ك ت (800) 811-4793

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخ ن لبز هبت اع الطاع و ك هك نيراد ار ني اقح تيش لب نقش اد ، Alliant Health Plans دروم رد ل اوس ، نيكي ك ك و اب اش كويرك لي ، اش رگا نعي امن ل ه احس اب . نوي امن تف لي ر د ن گي ار روط هب (800) 811-4793

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).

Non Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視 任何人。

Alliant Health Plans बागु पडता समवायी नागरिक अधिकार कायदा साथे सुसंगत छे अने जाति, रंग, राष्ट्रीय मूल, उमर, अशक्तता अथवा विंगना आधारे भेदभाव राखवामा आवतो नथी.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

الجنس أو الإعاقة أو السن أو الوطني الأصل يلتزم Alliant Health Plans أو اللون أو العرق أساس على يميز وال بها المعمول الفدرالية المدنية الحقوق بقوانين

Alliant Health Plans cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base naraça, cor, nacionalidade, idade, deficiência ou sexo.

جنسیت یا ناتوانی سن، ملیتی، اصلیت پوست، رنگ نژاد، اساس بر تبعیضی هیچگونه Alliant Health Plans و کند می تبعیت مربوطه فدرال مدنی حقوق قوانین از شود نمی قابل افراد

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Alliant Health Plansは適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。