



## **2018 U-M Prescription Drug Plan**

For University of Michigan  
Faculty, Staff, Graduate Students, Retirees and Dependents

### **Contact Information**

#### **University of Michigan**

Benefits Office website: [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness)

The Shared Services Center (SSC) Contact Center answers questions about your enrollment in the University of Michigan Prescription Drug Plan. Representatives are available 8:00 a.m. - 5:00 p.m., Eastern Time, Monday - Friday.

Phone: 734-615-2000 (5-2000 on the Ann Arbor campus), 866-647-7657 toll-free for off-campus long-distance calling within the U.S.

Telecommunications Relay Service (TRS) is available to you by dialing 711. Ask the operator to connect you to the SSC Contact Center.

#### **MedImpact Member Service**

MedImpact member website: [mp.medimpact.com/umh](http://mp.medimpact.com/umh)

For coverage questions regarding the Prescription Drug Plan, please call MedImpact Member Services toll free directly at 1-800-681-9578. Telecommunications Relay Service (TRS) is available by dialing 711.

#### **NoviXus Pharmacy Services**

NoviXus Pharmacy Services website: [umich.novixus.com](http://umich.novixus.com)

For mail order prescriptions, please call NoviXus directly at 877-269-1160 (TTY 877-269-1162). After hours, all phones go to an on-call pharmacist for urgent situations 7 days a week.

Standard Operating Hours (Eastern Time):

Monday - Friday 8:00 a.m. - 8:00 p.m.

Saturday 9:00 a.m. - 5:00 p.m.

## **More Information**

Questions about items covered or excluded by your health plan should be directed to your health plan. Flexible Spending Account (FSA) reimbursement for some excluded drugs may be available to participants.

The university in its sole discretion may modify, amend, or terminate the benefits provided in this booklet with respect to any individual receiving benefits, including active faculty and staff members, retirees, and their dependents. Although the university has elected to provide these benefits for calendar year 2018, no individual has a vested right to any of the benefits provided. Nothing in these materials gives any individual the right to continued benefits beyond the time the university modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefits programs and the university's right to modify, amend or terminate them.

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office of Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388. For other University of Michigan information call 734-764-1817.

**University of Michigan 2018  
Prescription Drug Benefits  
Welcome Packet**

The University of Michigan Benefits Office is pleased to supply you and your eligible dependents with the following information about your 2018 prescription drug plan coverage. Your U-M Prescription Drug Plan (“the plan”) is administered by MedImpact. Mail order services are handled through NoviXus Pharmacy Services. Your enclosed Welcome Packet includes:

- Two (2) new U-M Prescription Drug Plan ID cards.
- A NoviXus Pharmacy Services order form with instructions and a return envelope. (Use the service to receive a 90-day supply of maintenance medications delivered free to your home.)
- Other general information about your prescription drug plan.

Your cost-share information for purchasing prescription drugs (co-pay and out-of-pocket maximum) is found on the U-M Benefits Office website at [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness). You may also call MedImpact toll-free at 1-800-681-9578 to ask any questions about your drug plan.

**Your New ID Cards**

Your two new U-M Prescription Drug Plan ID cards are enclosed. These cards contain your name and member identification number and the names of any dependents you have enrolled for university health plan and prescription drug plan coverage. If you need additional prescription drug ID cards for your dependents, please call MedImpact at 1-800-681-9578. Please show this card to your pharmacist on your first pharmacy visit. Your card also allows you to get prescriptions by mail from NoviXus.

**Contacting MedImpact**

For general information	<ul style="list-style-type: none"> <li>• Call MedImpact toll-free at 1-800-681-9578</li> <li>• Visit the MedImpact website: <a href="http://mp.medimpact.com/umh">mp.medimpact.com/umh</a></li> </ul>
To locate a network pharmacy, check for covered and excluded drugs, or determine your co-pay and cost saving options	<ul style="list-style-type: none"> <li>• Call MedImpact toll-free at 1-800-681-9578</li> <li>• Visit the MedImpact website: <a href="http://mp.medimpact.com/umh">mp.medimpact.com/umh</a></li> <li>• Ask your pharmacist</li> </ul>
To request prior authorization, when required	Your physician will need to contact MedImpact at 1-800-681-9578 or send a fax to 1-858-790-7100. Drug specific PA forms are available at <a href="http://hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prior-authorization">hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prior-authorization</a>
For appeals	Call MedImpact toll-free at 1-800-681-9578
To request a new ID card	Call MedImpact toll-free at 1-800-681-9578
To request a claim form for prescriptions filled without your ID card or filled at a non-network pharmacy	Claim form available at: <a href="http://hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prescription-drug-plan-forms-documents">hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prescription-drug-plan-forms-documents</a>

*Note: Telecommunications Relay Service (TRS) is available for persons who are deaf by dialing 711.*

## **Participating Network Pharmacies**

MedImpact's network for University of Michigan prescription drug plan members covers over 95% of the pharmacies in Michigan, including most major pharmacy chains, and 55,000 pharmacies nationwide. You can also save time and money on filling prescriptions when you fill eligible medications through mail order with NoviXus Pharmacy Services. (See **Mail Order Pharmacy Offers Convenience and Lower Costs** for more details.)

Michigan Medicine Ambulatory Care Pharmacy in the Taubman Center, the Comprehensive Cancer Center Pharmacy, the East Ann Arbor Health Center Pharmacy, the Michigan Medicine Specialty Pharmacy and University Health Service pharmacies also participate in the MedImpact network, along with many independent pharmacies.

To find out if a pharmacy will accept your MedImpact ID card, call the pharmacy directly. You may also find a list of participating pharmacies by visiting the MedImpact website at [mp.medimpact.com/umh](http://mp.medimpact.com/umh) or calling MedImpact member services at 1-800-681-9578. Telecommunications Relay Service (TRS) is available for persons who are deaf by dialing 711.

### **Using Non-Network Pharmacies – CAUTION**

If you have a prescription filled at a non-network pharmacy, you must pay the full cost of the drug and then file a claim with MedImpact for reimbursement. Claims are reimbursed at the University of Michigan pharmacy network contracted rate, which may be lower than the cash price you paid.

You must submit claim forms within 90 days of the fill date to receive reimbursement. This reimbursement process also applies if you do not present your U-M Prescription Drug Plan ID card when filling a prescription at a participating pharmacy.

If you wish to regularly use an independent pharmacy that is not part of the MedImpact network, contact MedImpact to request that the pharmacy be added to the network.

For medications purchased while you are outside the United States, please submit a claim form, which is available at [hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prescription-drug-plan-forms-documents](http://hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prescription-drug-plan-forms-documents).

## Member Co-Pays

1-Month Supply at Retail Pharmacy	3-Month Supply at Retail Pharmacy	3-Month Supply at NoviXus Mail Order Pharmacy
\$10 generic	\$30 generic	<b>\$20 generic</b>
\$20 preferred brand	\$60 preferred brand	<b>\$40 preferred brand</b>
\$45 non-preferred brand*	\$135 non-preferred brand*	<b>\$90 non-preferred brand*</b>

\*Cost will be higher if a brand product is selected when a generic equivalent is available.

Notes:

1) Co-pay rates for active employees represented by a union or bargaining unit can be found in your contract book or at [hr.umich.edu/benefits-wellness](http://hr.umich.edu/benefits-wellness).

2) Note: The annual out-of-pocket maximum for catastrophic prescription drug expenses is \$2500 per individual up to a maximum of \$5000 per family. The maximum does not apply to the cost of penalty co-pays for brands with a generic available<sup>2</sup> or to items not covered by the prescription drug plan.

## Covered Drugs

The plan covers most FDA-approved medications that require a written prescription from a person licensed to prescribe. FDA drug approval does not guarantee coverage by the plan. New drugs are subject to review by the University of Michigan before being granted coverage. Certain medications are excluded and others may be limited or require prior authorization (PA) from the plan to determine coverage. The list of covered, limited, and excluded medications is updated regularly and located on the university's website at [hr.umich.edu/formulary](http://hr.umich.edu/formulary).

The plan covers injectable medications only when FDA deems they can be safely self-administered. Insulin, needles and syringes are covered with \$0 co-pay for all members.

Diabetic supplies (injection devices, alcohol swabs, testing strips, lancets and blood glucose testing monitors) are covered through your U-M health plan coverage. Contact your health plan for details.

Certain preventive products are covered by the prescription drug plan at \$0 copay under the Affordable Care Act with a written prescription from your health care provider, including for over-the-counter (OTC) products. Please see [hr.umich.edu/benefits-wellness/health/prescription-drug-plan/coverage-drug-information](http://hr.umich.edu/benefits-wellness/health/prescription-drug-plan/coverage-drug-information) for more information.

## Save Money with Generic Drugs

Generic drugs are approved by the United States Food and Drug Administration (FDA), contain the same active ingredients and come in the same dosage forms as their brand-name counterparts, and must meet comparable safety, production and performance standards. The use of generic drugs offers a safe and effective alternative that helps reduce prescription drug costs for you and may help avoid substantial increases in university health care costs and co-pays.

## Mail Order Pharmacy Offers Convenience and Lower Costs

If you take any long-term "maintenance" medications for conditions like high cholesterol, diabetes or high blood pressure, the university's mail order pharmacy program can help simplify your busy life. U-M plan members praise NoviXus

Pharmacy Services for their fast, convenient home delivery, helpful pharmacists and lower cost under the U-M drug plan. When you use NoviXus, you will save one co-pay every three months compared to the cost of filling a prescription at a retail pharmacy.

Please note that mail service should not be used for urgent medications, such as an antibiotic needed immediately, or medications you will use for less than three months.

To get started,

1. Create an account with NoviXus. You will need your prescription drug plan ID number, which should be the letter “U” followed by your UMID. You can:
  - Download the free NoviXus Pharmacy app from the App Store or Google Play
  - Visit **umich.novixus.com**
  - Call NoviXus at 877-269-1160
2. Contact NoviXus to help you transfer any existing prescriptions.
3. Tell your health care provider you want to use NoviXus the next time you get a prescription.

For a new medication, you will need two prescriptions: an initial 30-day prescription to be filled at a retail pharmacy and a 90-day prescription for up to 3 automatic refills by mail through NoviXus. Your provider can e-prescribe, call 877-269-1159 or fax to NoviXus at 877-395-4836. If you have a paper prescription, send it to NoviXus Pharmacy Services, P.O. Box 8004, Novi, MI 48376-8004 along with your co-pay payment to NoviXus Pharmacy Services using the self-addressed envelope provided in this Welcome Kit.

Additional mail service order forms may be downloaded from **umich.novixus.com** or **hr.umich.edu/sites/default/files/mail-order-enrollment-form.pdf**.

Order mail service refills at least two weeks before your maintenance medications run out. You may order online at **umich.novixus.com**, via the NoviXus Pharmacy app or by calling the toll-free number shown on your prescription label or 1-877-269-1160. Please allow 10 business days from the time you place your order until you receive your order at the address specified.

Notes: Over-the-counter drugs and certain prescription medications may not be available through the mail service for medical reasons or because of federal or state laws that prohibit dispensing certain drugs through the mail. Contact NoviXus Patient Care if you have any questions about drugs available through the mail service program. Prescription drugs cannot be mailed outside the United States when using the U-M Prescription Drug Plan.

## Contacting NoviXus

For general information or to register	<ul style="list-style-type: none"><li>• Visit <b>benefits.umich.edu/mailorder</b></li><li>• Call NoviXus toll-free at 1-877-269-1160 or (TTY 877-269-1162), visit <b>umich.novixus.com</b> or download NoviXus Pharmacy app</li></ul>
Download a NoviXus mail service order form	<ul style="list-style-type: none"><li>• Visit <b>umich.novixus.com</b></li><li>• Visit <b>hr.umich.edu/sites/default/files/mail-order-enrollment-form.pdf</b></li></ul>
To submit a mail service prescription for the first time	Use the pre-addressed envelope provided or submit the mail service order form and prescription to:  NoviXus P.O. Box 8004 Novi, MI 48376-8004
To obtain a mail service refill over the phone or check the status of your order	Call the toll-free number shown on your prescription label or 1-877-269-1160 (TTY 877-269-1162)
To obtain a mail service refill on the Internet or check the status of your order	Visit <b>umich.novixus.com</b>

## Specialty Drugs

A “specialty drug” is a prescription drug that requires special handling, special administration, special monitoring, or has a very high cost. Specialty drugs include select oral and self-injected medications used to treat a variety of medical conditions, including infertility. The list of covered specialty drugs is subject to change by the University of Michigan. Specialty drugs are identified on the plan formulary with S, LD or LFM in the “Drug Tier” field (**hr.umich.edu/formulary**).

Specialty drugs may be dispensed in quantities up to a 34-day supply. Prescriptions for immunosuppressive and antiretroviral medications may be dispensed in quantities up to a 90-day supply.

Specialty drugs are covered when filled at designated specialty drug pharmacies. For specialty medication information, call the Michigan Medicine Specialty Pharmacy at 855-276-3002 or visit **hr.umich.edu/benefits-wellness/health/prescription-drug-plan/coverage-drug-information/specialty-drugs**.

## Limitations and Prior Authorization on Certain Drugs

Certain types of medications require prior approval from the plan or may be subject to limits on the amount of medication that you may receive (number of days’ supply, quantity limits, frequency of refills, etc.). If your doctor prescribes any medication that requires prior authorization, or for amounts in excess of supply limits, your physician must contact MedImpact toll-free at 1-800-681-9578 to obtain the prior authorization form before the plan considers coverage for the medication. In some cases, your physician may be required to verify the medical necessity of the prescribed drug.



Medications requiring prior authorization are updated regularly and are subject to change by the University. Medications that need prior authorization can be found on the U-M Benefits Office website at [hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prior-authorization](http://hr.umich.edu/benefits-wellness/health/prescription-drug-plan/prior-authorization).

Prescription refills are not covered by the plan before 75% of the days dispensed have elapsed (26 days for a 34-day supply or 68 days for a 90-day supply).

### **Plan Exclusions**

Current updates of plan exclusions are on the U-M Benefits Office website at: [hr.umich.edu/benefits-wellness/health/prescription-drug-plan/coverage-drug-information](http://hr.umich.edu/benefits-wellness/health/prescription-drug-plan/coverage-drug-information). The exclusions listed below apply to both the mail order and retail pharmacies.

- Topical acne medications for individuals age 40 and older
- Stimulant-based weight loss products
- Blood products
- Cosmetic products, or any drug used for cosmetic purposes
- Experimental, investigational, approved clinical trial drug, unproven drugs, or one that is being used for a treatment that has not been approved by the FDA as permitted by federal law.
- Injectable medications, except those listed on the Benefits Office website as covered; injections that must be administered by a health care professional are not covered.
- In general, new drugs and medicines that have not been reviewed by the Plan.
- Prescription products that offer no additional clinical benefit over existing available therapies or existing therapeutically equivalent products in the drug class.
- Prescription products that are the main active metabolite, the isolated enantiomer, prodrug, or an alteration of an existing product where no added clinical benefits have been shown by published, scientific peer-reviewed head-to-head comparative studies.
- Brand prescription products where three therapeutically equivalent products are available in the class and where the brand manufacturer has entered into a collusive agreement to delay or prevent generic market entry.
- Most over-the-counter (OTC) medications, any prescription medication that contains the same active ingredient(s) as an existing OTC medication, or kits that are packaged with an OTC medication. Exceptions for OTC's are available for drugs covered for preventative care under the Affordable Care Act with a written prescription from your physician.
- Medical foods
- Vitamins, other than select prenatal vitamins and injectable B-12, D and K and



others as specified in the Affordable Care Act.

- Therapeutic devices, appliances or medical equipment, support garments, or ostomy supplies.

Your U-M health plan coverage may include certain medical equipment and supplies and/or injectables administered by your health care provider. Call your health plan company about items covered by your health plan.

### **Privacy and Security**

The information you provide us is kept confidential in accordance with HIPAA and other applicable state privacy laws. In addition, we use technology that is designed for use with secure web servers. This technology ensures that your personal, health, prescription and credit card information cannot be accessed when submitted over the Internet.

## Frequently Asked Questions About Mail Order (NoviXus)

Mail order pharmacy services save you money and are a convenient way to receive maintenance medications for chronic or long-term health conditions. Here are the answers to some commonly asked questions.

### **Q: What medications are considered maintenance medications?**

**A:** Any medication that is prescribed to be taken for 3 months or longer, and not classified as a specialty drug, may be considered a maintenance medication.

### **Q: How do I begin using the NoviXus mail order pharmacy?**

**A:** To get started, you'll need to create an account with NoviXus. You will need your prescription drug plan ID number, which should be the letter "U" followed by the subscriber's UMID. You can:

- Download the free NoviXus Pharmacy app from the App Store or Google Play
- Visit [umich.novixus.com](http://umich.novixus.com)
- Call NoviXus at 877-269-1160

### **Q: What forms of payment does NoviXus accept?**

**A:** A credit card is required for NoviXus orders. NoviXus accepts American Express, Discover Card, MasterCard and Visa.

For orders submitted by mail, include your credit card information (you only need to provide NoviXus with your credit card information one time; NoviXus will add it to your personal profile), or you may 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 or member ID number.

**If you are mailing a check and are unsure of your cost,** please use the "Benefit Highlights" feature at <https://mp.medimpact.com/umh> or call your plan administrator, MedImpact at 1-800-681-9578 for specific drug cost information.

### **Q: Are there other special circumstances?**

**A:** If your prescription order exceeds \$250.00, a NoviXus Patient Care Specialist will contact you for authorization prior to processing your order.

### **Q: Can my prescriber call in my prescription to NoviXus Pharmacy Services?**

**A:** Yes. NoviXus Pharmacy Services can accept prescriptions by phone with the exception of controlled substance (Schedule 2) drugs. Your doctor can also fax a completed prescriber fax form to NoviXus, or e-prescribe your prescription if your doctor has the technology to electronically prescribe medications. By law, faxed and e-

prescribed prescriptions are only valid if sent from a prescriber's office.

**Q: Can I transfer my prescriptions from a local pharmacy to NoviXus?**

**A:** Yes. Call the NoviXus Patient Care Center at 877-269-1160 and a representative will assist you in transferring your prescriptions.

**Q: How do I check the status of my order?**

**A:** You can view order status information at any time by logging in on the [umich.novixus.com](http://umich.novixus.com) website or app and clicking on **Orders**. To check status by phone, contact NoviXus Patient Care at (877) 269-1160. You should receive your order within 7-10 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.

**Q: Why can't I see my spouse's or my child's information through my online account?**

**A:** Because NoviXus values your security, the system identifies registered members by a unique prescription profile and stores each person's prescription medication history in his or her own secure account.

**Q: How do I order a refill of my current NoviXus Pharmacy Services prescription?**

**A:**

**1. To refill personal prescriptions online using the NoviXus website or app:**

- Go to [umich.novixus.com](http://umich.novixus.com) or app and login, then click **Prescriptions** at the top of the screen or at home page of app.
- Check the green "Refill Now" box for the prescriptions you wish to refill.

**2. To refill personal prescriptions using the phone Automated Prescription Refill System:**

Please call NoviXus Patient Care at (877) 269-1160 and select option # 1

**3. To refill your personal prescriptions with a NoviXus Patient Care Specialist:**

Please call NoviXus Patient Care at (877) 269-1160 and select option # 2

**4. To refill your personal prescriptions through the mail:**

Please complete the refill order form enclosed with your previous order.

**Q: Why would NoviXus not automatically fill a prescription when my prescriber sent it in?**

**A:** To avoid potential waste, NoviXus will send out an automated call to the patient once a new prescription is received. This is to let you know it has been received and when you are ready place the order.

**Q: What happens when my prescription refills expire or there are no refills remaining?**

**A:** Please contact your physician for a prescription renewal when your refills remaining are zero to avoid delays on your next fill.

**Q: Will a Pharmacist always be involved in the filling of my prescription?**

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

**Q: Can I speak to the Pharmacist directly?**

**A: Yes.** Call NoviXus Patient Care at (877) 269-1160 to take advantage of one-on-one Pharmacist consultations or receive answers to your questions. You may also send a question to a Pharmacist using the **Ask the Pharmacist** page on the NoviXus website or mobile app.

**Q: Do you ensure that medications are maintained at certain temperatures?**

**A:** 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.

**Q: How are prescription orders shipped?**

**A:** Orders are shipped free of charge, in secure, confidential and tamper-evident packaging via the U.S. Postal Service. Controlled substances require an adult signature upon delivery. Prescriptions can be shipped Next Business Day. If you choose Next Business Day delivery, there is a \$25 charge.

**Q: How soon will my prescription order arrive?**

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

**Q: Why did I receive a generic medication instead of the brand-name medication that was originally prescribed?**

**A:** Depending on 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 the brand-name equivalent and save you money.

**Q: What do I do if I need an emergency prescription?**

**A:** If you have lost or forgotten your medication, contact NoviXus Patient Care at (877) 269-1160 during normal business hours: Monday-Friday 8 a.m. to 8 p.m., Saturday 9 a.m. to 5 p.m. Eastern Time.

# **NoviXus**

## **Pharmacy Services**

NoviXus Pharmacy Services  
PO Box 8004  
Novi, MI 48376-8004



### **The University of Michigan's Mail Order Pharmacy Provider**

This Mail Order Enrollment Form is only necessary for first-time orders, including dependents who have been added since the last order, or to change current information.

### **To start your Mail Service Benefit, follow these steps:**

#### **Step 1: *Enroll***

Complete the mail order enrollment form or enroll online through [umich.novixus.com](http://umich.novixus.com) or NoviXus Pharmacy app from the App Store or Google Play.

#### **Step 2: *Fill Your Prescription***

Mail the original prescription to NoviXus with your enrollment form, or have your health care provider send the prescription directly to NoviXus. Your provider can send the prescription to NoviXus through the following options:

- Provider E-prescribes to NoviXus
- Provider Faxes: 1-877-395-4836
- Provider Calls: 1-877-269-1159
- Patient Mails Paper Prescription: NoviXus Pharmacy Services, PO Box 8004, Novi, MI 48376-8004

#### **Step 3: *Complete Payment***

Make your copayment through [umich.novixus.com](http://umich.novixus.com), NoviXus app, by phone at 1-877-269-1160, or by mail. NoviXus accepts major credit cards and checks.

#### **How to Order REFILLS:**

Refill orders should be placed two weeks prior to when the medication will be needed.

- Online at [umich.novixus.com](http://umich.novixus.com) or through the NoviXus Pharmacy app
- By phone at 1-877-269-1160 (24-hour automated phone line)

#### **Generic Drugs**

NoviXus Pharmacy Services will fill your order with an FDA-approved equivalent generic, unless otherwise indicated by your prescriber. FDA-approved generic drugs contain the same active ingredients and come in the same dosage forms as their brand-name counterparts, and must meet comparable safety, production and performance standards.

#### **Shipping Information**

Your prescription order will be shipped using U.S. Mail. Some items may be shipped by expedited courier. Refrigerated items are shipped in accordance with FDA and manufacturer's specifications. For your security, some controlled substances may require a signature at delivery.

Prescriptions cannot legally be mailed from a mail order pharmacy (or any other pharmacy operating within the United States) to locations outside of the United States, with the exception of U.S. territories, protectorates and military installations.



## Mail Order Enrollment Form

Please complete and mail this form with all prescriptions. Please print or type. Please list all insurance applicable.

### Subscriber Information

\_\_\_\_\_  
 Last Name                      First Name                      M.I.                      Date of Birth

\_\_\_\_\_  
 Home Address                      City                      State                      ZIP

\_\_\_\_\_  
 Shipping/Billing Address\*                      City                      State                      ZIP  
 \*If Shipping and Billing Addresses are different, please provide both addresses.

\_\_\_\_\_  
 Primary Phone                      Secondary Phone

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Group Name (Primary)                      Group ID #                      Member ID#

\_\_\_\_\_  
 Group Name (Secondary)                      Group ID #                      Member ID#

### -----BILLING INFORMATION-----

Check Enclosed:

Please Charge My:  Visa                       Master Card  
 Discover                       American Express

\_\_\_\_\_  
 Credit Card \* Number:

\_\_\_\_\_  
 Expiration Date: MM/DD/YYYY

\_\_\_\_\_  
 Cardholder's Name:

\_\_\_\_\_  
 Signature:

\*Credit Card Will Be Used For All Future Orders

**Acknowledgement:** I understand that when permitted by law, NoviXus will substitute an FDA approved generic equivalent drug for any brand-name medications enclosed with this order unless specified by the Plan or prohibited by me or the prescriber in writing. For all prescriptions submitted, I certify that I or my family members are eligible to receive prescriptions under this plan. I will take personal responsibility for payment of all medications that I or my family members receive.

Member Information					Drug Allergies								
					**Please enclose additional family member information, such as drug allergies, on another piece of paper								
Family Member Name	ID Number	Date of Birth	Relationship to Subscriber	Gender M / F	None	Ampicillin	Aspirin	Codeine	Erythromycin	Penicillin	Sulfa	Tetracycline's	Other** Please Specify

Check Here if you want Easy Open Caps                      *Child-proof caps are used for safety in shipping.*

**Please print UMICH number on each prescription.**

\_\_\_\_\_  
 Signature

**If transferring prescriptions from another pharmacy, please include the following information on a separate sheet of paper: Member Name, Date of Birth, Medication Name and Strength, Prescriber Name and Phone Number.**

Once NoviXus has received all necessary and correct information, please allow 2 weeks for prescription order delivery.

**If you have questions, please contact  
 NoviXus Patient Care Center at  
 1-877-269-1160**

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