Navitus Health Solutions FAQ

Q: Who is Navitus and what is a PBM?

A: Navitus Health Solutions, LLC is a Pharmacy Benefits Manager (PBM). Starting January 1, 2026, Navitus will be our new PBM. As our PBM, Navitus works with drug manufacturers and pharmacies to get the best prices and help save money on medications. They have also worked with our plan to put together a formulary (a list of covered drugs), which is used to process pharmacy claims.

Q: What is a drug formulary?

A: A drug formulary is a list of preferred prescription drugs that a health plan has chosen to cover.

MEMBER EXPERIENCE

Q: How does Navitus help members with the transition to their new benefits?

A: As part of the onboarding process, the dedicated team of clinicians at Navitus' Clinical Engagement Center will make outbound calls related to benefit or medication-related topics. We want members to feel secure about the conversations they have regarding their medications.

Q: Where should members go if they are looking for more information about their benefits?

A: Once their Navitus pharmacy benefits are active, members can register for the member portal and/or mobile app to see more information about their benefits including:

- View and print their pharmacy benefit member ID card
- View their pharmacy benefits information
- Find a convenient network pharmacy
- See the cost of their medications
- Compare costs between pharmacies

Q: How can members sign up and log in to the member portal or mobile app?

A: Once their benefits are active, members can register at www.navitus.com/member or search for Navitus in the App Store or Google Play. *Please note: the same username and password should be used for both the portal and app.*

Q: When will members receive their new pharmacy ID card?

A: Pharmacy ID cards are typically sent 15-30 days before a member's new benefits are active. If members do not get their card after the effective date, they can download and print a copy from the member portal or mobile app.

PHARMACIES

Q: What pharmacies can members use?

A: Getting prescriptions filled at a network pharmacy is easy! Our network includes most independent and all major chain pharmacies except Walgreens. Members can find a list of network pharmacies on the member portal at www.navitus.com/member once their benefits are active.

Q: Can members fill prescriptions through mail order?

A: Yes. If members take the same medication month after month, mail order may be a convenient option. A mail order service provides a 90-day supply of maintenance medication(s) and ships right to a member's preferred location. Many times, this is at a lower cost than 30-day fills.

Costco Pharmacy Mail Order is Navitus' mail order vendor. They can be reached at 800-607-6861. They are available Monday – Friday from 5:00 a.m. to 9:00 p.m. (PST) and Saturday 9:30 a.m. – 2:30 p.m. (PST)

Q: Do I need to be a Costco member for my mail order?

A: No, Costco membership is not required for mail order under Navitus.

Q: What if I take a specialty drug?

A: Navitus' specialty pharmacy partner, Lumicera Health Services, provides a high level of personalized care for members with complex conditions. Their clinical team will help patients manage side effects, reduce complications, and improve their quality of life.

To start, call 855-847-3553 to speak with a Lumicera patient care specialist. They are available Monday – Thursday from 6:00 a.m. to 5:00 p.m. and Friday from 6:00 a.m. to 4:00p.m. (PST).

COVERAGE

Q: Are over the counter (OTC) drugs covered?

A: Only legally required OTC drugs are covered. Covered OTC drugs can be found in the Evidence of Coverage.

Q: What is prior authorization (PA)?

A: Prior authorization is a standard process used to ensure members are taking safe, cost-effective medications. Prescriptions may need prior authorization if they:

- Could be unsafe if taken with other drugs
- Are often misused or abused
- Have more affordable, effective solutions

Q: How does a healthcare provider submit a prior authorization?

A: Prescribers can access PA forms on Navitus' Prescriber Portal, prescribers.navitus.com.

Q: How long does a prior drug authorization review take?

A: PAs are reviewed within three business days of providers submitting all necessary information. Prior Authorization Specialists will promptly notify providers of any adverse decisions and assist with expediting the patient's therapy to a formulary drug.

Q: How can members request an exception to the formulary change?

A: For a review of possible coverage for your medication, healthcare providers may submit an Exception to Coverage (ETC) request. The ETC form is available to your prescriber in the Prescriber Portal. Submission of ETC request does not guarantee approval.

Q: Who decides which drugs are included and excluded from the Navitus Formulary?

A: Decisions on which drugs are included or excluded from the Navitus formulary are made by the Navitus Pharmacy & Therapeutics (P&T) Committee, and are based on each drug's effectiveness, side-effects, interactions, cost and value. The Committee is made up of prescribers and pharmacists with a broad range of clinical practice and expertise. They meet four times a year to review new drugs and drug classes, as well as changes in drug indications.

Q: Can members access the drug formulary on the member portal?

A: Yes. Once members have logged on to the Member Portal, the formulary list is located under *My Plan* > *Forms and Documents* > *Formulary*.

Q: How do members submit a manual prescription drug claim for reimbursement?

A: Typically, prescriptions will be automatically processed at the pharmacy. But if members need to manually submit for reimbursement, they can go to navitus.com/members to download and print the Direct Member Claim Form. Please be sure to complete the form in

its entirety, sign, and send the form along with all applicable receipts to the address listed on the form.