



**US FAMILY
HEALTH PLAN**

Caring for our Uniformed Services Family

powered by **MAXOR***plus.*
PHARMACY BENEFIT MANAGEMENT SERVICES

WELCOME
*to US Family Health Plan's
prescription drug program!*

Administered by Maxor,
USFHP members receive
quality pharmacy benefits
at retail, mail, and
specialty pharmacies.



ABOUT MAXORPLUS

Since 1991, MaxorPlus has provided outstanding pharmacy benefits for members and dependents. We are here to help you manage your prescriptions safely and cost-effectively, and are dedicated to providing you the best customer service any time you need us.

OUR SERVICES

MaxorPlus provides pharmacy benefit services nationwide. We own and operate our own retail, mail and specialty pharmacies which allows us to provide full-service pharmacy benefits to our members.

We're always available and ready to help our members get the care you need and the convenience you expect when picking prescriptions up from a local pharmacy or receiving a prescription by mail. Maxor delivers clinical expertise, competitive pricing, and high levels of customer service.



WHERE TO FILL YOUR USFHP PRESCRIPTIONS

15,000 NETWORK PHARMACIES NATIONWIDE

Chain Pharmacies

- CVS
- CVS (*Target locations*)
- Walmart
- Sam's Club
- H-E-B
- Brookshire Brothers
- Brookshire Grocers
- Market Basket
- Super 1 Grocery

Maxor Pharmacies

**Long-term, maintenance medications you take regularly must be filled through the MXP Mail Order Pharmacy or a local Maxor Pharmacy.*

Maxor Pharmacy Clear Lake Area*

1046-B Hercules Ave
Houston, Texas 77058
(281) 480-0327

Maxor Pharmacy Downtown Area*

Inside St. Joseph Hospital
1919 La Branch
Room GWS2227
Houston, Texas 77002
(713) 756-5300

Maxor Pharmacy Port Arthur Area*

8791 9th Avenue
Port Arthur, Texas 77642
(409) 722-9624

www.christushealthplan.org
www.maxor.com





Independent Pharmacies

Katy Pharmacy

20005 Katy Freeway
Katy, Texas 77450
(281) 578-1515

Inwood Pharmacy

13300 Hargrove Rd.
*(Inside Houston Methodist
Outpatient Building)*
Suite 180
Houston, Texas 77070
(281) 664-8829

Ed's Pharmacy

3740 Cartwright Rd
Missouri City, Texas 77459
(281) 499-4555

To find a complete network pharmacy, log into the member portal at the following link:

<https://usfhp.maxorplus.com>

**Long-term, maintenance medications you take regularly must be filled through the MXP Mail Order Pharmacy or a local Maxor Pharmacy.*

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MXP

PHARMACY

MAIL ORDER

MXP Pharmacy provides a convenient, cost-effective way to order your maintenance prescriptions. Medications ordered through MXP Pharmacy are quickly shipped at no additional charge to you.

You can easily place your mail order refills using our website, automated phone system, or by speaking directly to a member advocate. Visit www.maxor.com or call **(866) 408-2459** for more information.





HOW TO ORDER YOUR MAIL ORDER PRESCRIPTIONS:

- ✉ **Mail** – MXP Pharmacy
P O Box 32050
Amarillo, Texas 79120
- 💻 **Online** – www.maxor.com
- ☎ **Phone** – 1-866-408-2459
- 📱 **App** – MaxorPlus

ORDER ONLINE AT WWW.MAXOR.COM

1. Click the USFHP logo
2. You can order refills quickly using one of two methods:
 - Use the Quick Refill tool by submitting your refill number and birthdate;
 - Create an account using the MaxorPlus Member Portal. This will make future visits fast and easy. By using the portal, you can refill prescriptions, download benefit documentation, view/print/download prescription history, find a pharmacy, calculate your copayment, and more.



MXP MAIL ORDER PHARMACY – BENEFITS FOR YOU

- **Cost savings** – By using MXP Mail Order Pharmacy, you receive up to a 90 day supply for one copay rather than three.
- **Easy and convenient home delivery** – No more driving and waiting in line at the pharmacy, with prescriptions delivered right to your door – at the location of your choice.
- **State-of-the-art pharmacy** – Built in 2018, MXP Pharmacy offers best-in-class technology to provide patients with the highest quality and safety standards available in the industry.
- **Dependable customer service** – Our Member Advocates are trained to understand the unique aspects of your pharmacy plan, providing high customer service to patients.
- **Secure and private delivery** – All packages are weather-resistant, with unmarked packaging to ensure your medications remain safe and confidential.

SHIPMENT

- Your prescription(s) from MXP Mail Order Pharmacy should arrive at your address on file within fourteen days
- To ensure you receive a refill before your current supply runs out, order at least two weeks before you need a refill. The reorder date is listed on your prescription bottle.
- Orders placed before the next available refill date will be held until your prescription can be refilled. Once the next available date arrives, your prescription will automatically ship to you

www.christushealthplan.org
www.maxor.com



MAXORPLUS APP

- Search "MaxorPlus" in the app store. The app is available in both Google Play and iTunes.
- Download the app.
- If you have created a MaxorPlus Member Portal website account, enter your username and password to access the MaxorPlus app.
- If you do not have a MaxorPlus Member Portal website account, tap "Create Account" on the app and enter:
 - First name
 - Last name
 - E-mail address
 - Password
 - Security question and answer
- Once registered, the app will take you to the "Link Account" screen, where you will enter:
 - First name
 - Group # (found on your USHFP card)
 - Member ID (found on your USFHP card)
 - Date of birth
- You are now signed up to the MaxorPlus app and are ready to order your refills from MXP Mail Order Pharmacy.
- You'll need to verify by scanning your bottle or input the RX number.



ORDERING BY MAIL

Mail your new prescription and payment to:

MXP Pharmacy
P. O. Box 32050
Amarillo, TX 79120

Include the following information for the patient:

- Full name
- Date of birth
- Mailing address
- Phone number
- USFHP ID number

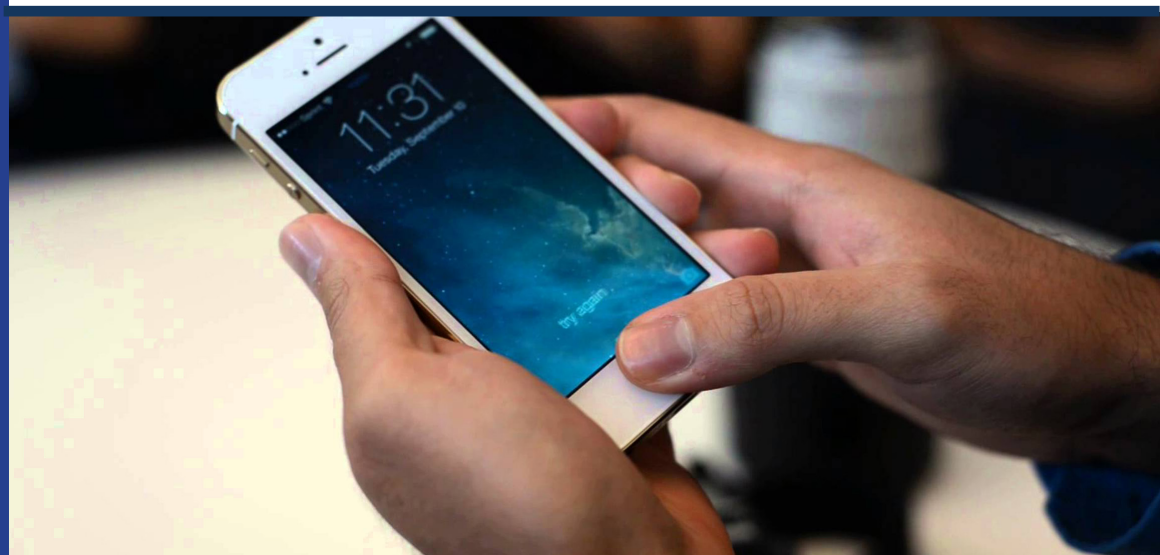
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ORDER BY PHONE AT 1-866-408-2459

- For your first order, please speak to a MXP Member Advocate to provide your correct mailing address and payment information.
- Have your prescription number ready to enter, along with your birthdate.
- If you are transferring a prescription from another pharmacy, please have your prescription bottle ready to give the complete information to the MXP Member Advocate. Include the pharmacy name, pharmacy phone number, prescription number, and name of the drug.

ORDER WITH THE MAXORPLUS APP



TRAVELING

MXP Mail Order Pharmacy can mail your prescriptions to any mailing address in the United States. Call **1-866-408-2459** and speak to a Member Advocate to update your temporary address.

EXPEDITED SHIPPING

Expedited shipping service is available at an extra charge. Please contact MXP Mail Order Pharmacy Customer Service at **1-866-408-2459** for more information and rates.



NOTIFICATIONS

- Contact MXP Mail Order Pharmacy at **1-866-408-2459** to have notifications added to your account. Depending upon your selected preferences, you will be notified by text, phone, or email when:
 - Your prescription is ready for refill.
 - Your prescription has been shipped.
 - If there is a delay in shipping.
 - And more.
- Log in to the Maxor website at www.maxor.com or on the mobile app.
 - Go to the “Manage Notifications” link under the “My Account” section.
 - If you aren’t already enrolled in notifications with the pharmacy, you will see an icon to enable notifications.
 - Choose your preferred contact method (text, e-mail, or voice) and add the appropriate information.
 - Save the form and you will be enrolled in the prescription notification program.

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← BACK TO FEATURES Log Out

Personal Information
Change Password

MaxorPlus Information
Member ID Card
Request Card

Mail Order Information
Personal Info
Change Credit Card

Edit Account Notification Method

Prescription Notification Preferences

Use the form below to update the method the pharmacy uses to contact you in regards to your prescription information.

Text Message **SELECTED**

Email

Voice

Do Not Contact

Mobile Number

(555) [] 555-5555

myMaxorLink Preferences

Occasionally, MaxorPlus may have a need to contact you with information about your pharmacy benefit. This information may suggest ways you can save money on your medications and/or provide other helpful information. Please indicate your approval to receive these messages on your mobile device. Note: you can opt out at any time.

I consent to receive calls from MaxorPlus for my protected healthcare and other services at the phone number(s) above, including my wireless number provided. I understand I may be charged for such calls by my wireless carrier and that such calls may be generated by an automated dialing system.

Save Preferences



PRESCRIPTION COSTS

As of February 2018

Up to a 30-day supply at Network Pharmacies

Generic Formulary Tier 1	Brand Name Formulary Tier 2	Non-Formulary Tier 3
\$11	\$28	\$53

Certain members' [dependent survivors of Active Duty Service Members (ADSMs), medically retired service members and dependents of medically retired service members.] The rates for this population will always be at the 2017 rate.

Up to a 90-day supply at a MXP Pharmacy or a 90-day supply at local Maxor Pharmacies

Generic Formulary	Brand Name Formulary	Non-Formulary
\$7	\$24	\$53

Certain members' [dependent survivors of Active Duty Service Members (ADSMs), medically retired service members and dependents of medically retired service members] costs will remain at the 2017 rates.

Non-Network Pharmacy – up to a 30-day supply

50% cost share after Point-of-Service deductible

FORMULARY AND NON-FORMULARY DRUGS:

The DoD Pharmacy & Therapeutics (P & T) Committee (a body of military physicians and pharmacists) and approved by the Director of the Defense Health Agency (DHA) establishes the uniform formulary, which is a list of covered generic and brand name drugs. This formulary also contains a third tier of drugs that are non-formulary. Prescriptions for non-formulary drugs are dispensed at a higher cost.

The formulary is updated on a quarterly basis.

Use the TRICARE formulary search tool to see whether a specific drug is covered: www.usfhpformulary.com

www.christushealthplan.org
www.maxor.com

MAXOR PHARMACIES

There are three **Maxor Pharmacies** in the Houston/Port Arthur area available to fill your prescriptions, including long term maintenance medications up to a 90-day supply. Some of the benefits of filling your medications at a **Maxor Pharmacy** include:

- Overall satisfaction rating for the **Maxor Pharmacies** was 97.1% in 2017, compared to the national average for drug store chains of 84.9%
- Short wait times
- Extended patient counseling by appointment
- CDC approved vaccines available for FREE
- Low cost OTC and vitamins for USFHP members
- Bedside delivery is available at St. Joseph Hospital in Downtown Houston prior to discharge – there is no need to have to make an extra stop at the pharmacy

LOCATIONS:

Maxor Pharmacy
 Clear Lake Area
 1046-B Hercules Ave
 Houston, Texas 77058
 281-480-0327

Maxor Pharmacy
 Downtown Area
(Inside St. Joseph Hospital)
 1919 La Branch
 Room GWS2227
 Houston, Texas 77002
 713-756-5300

Maxor Pharmacy
 Port Arthur Area
 8791 9th Avenue
 Port Arthur, Texas 77642
 409-722-9624



GENERIC SUBSTITUTION

Generic drugs provide the same safe, effective treatment as brand-name drugs and, in most cases, they help you save money. The DoD policy on generic drugs states brand-name drugs that have a generic equivalent generally may be covered only after the physician completes a clinical assessment that indicates the brand-name drug should be used in place of the generic drug and approval is granted by the plan.

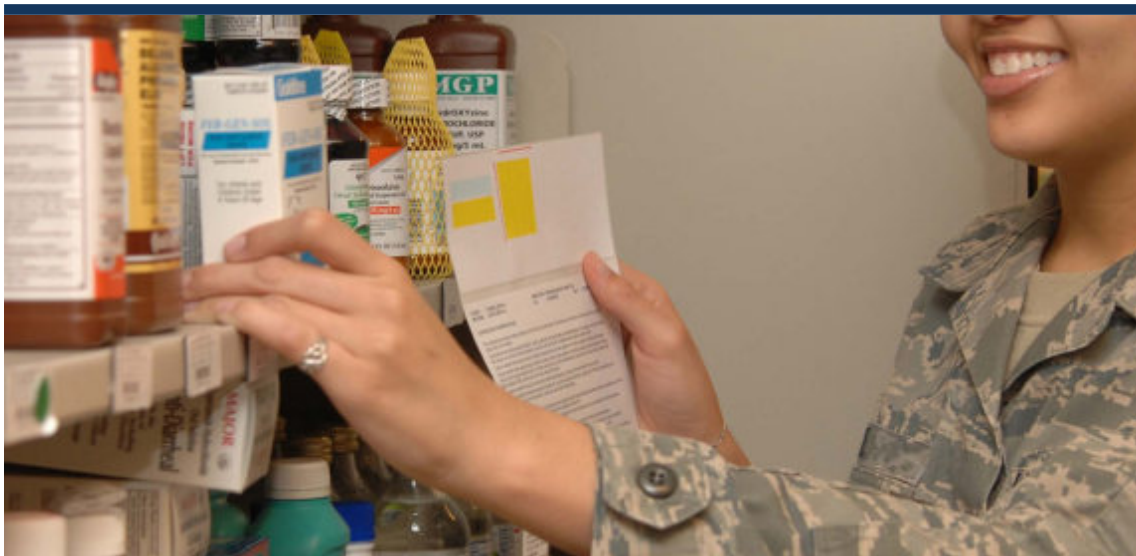
If you fill a prescription with a brand name drug that is not considered medically necessary and a generic equivalent is available, you will be responsible for paying the entire cost of the prescription.

SPECIALTY MEDICATIONS

Specialty medications are usually high-cost, self-administered injectable, oral, or infused drugs that treat serious chronic conditions. These drugs may require special storage and handling, and may not be readily available at your local pharmacy. Specialty medications may also have side effects that require pharmacist and/or nurse monitoring. Many specialty medications are available at limited specific pharmacies. Your physician can submit a prescription directly to the specialty pharmacy and will be contacted to complete a prior authorization form. Once approved, the specialty pharmacy will coordinate delivery to your home or physician's office.

SMOKING CESSATION

Quitting can be hard. USFHP is dedicated to helping you quit smoking and live a healthier life. Smoking cessation drugs are available from the MXP Mail Order Pharmacy for a \$0 copay. A prescription is required from your physician.



MEDICAL NECESSITY FOR NON-FORMULARY MEDICATIONS

Medical necessity criteria is established by the DoD P & T Committee for each non-formulary drug. If the medical necessity criteria are met, the copay would lower to the formulary copay. Your physician can establish medical necessity by completing and submitting the appropriate form.

PRIOR AUTHORIZATION

Some prescriptions require prior authorization from the plan before they can be paid for by the plan. Drugs requiring prior authorization may include, but are not limited to, prescription drugs specified by the DoD P & T Committee, brand-name drugs with generic equivalents, drugs with age limits, and drugs prescribed for quantities exceeding normal limits. Please refer to the TRICARE formulary search tool, www.usfhpformulary.com, to find out if your specific drug requires prior authorization, or call USFHP customer service at **800-678-7347**.

STEP THERAPY

Step therapy involves prescribing safe, clinically effective, and cost effective drugs as the first step in treating a medical condition. Generic drugs are commonly used as the preferred, first medication due to their established safety and efficacy for treating a given condition. This means that other drugs are only covered if you have already tried certain drugs and those did not work. Please refer to the TRICARE formulary search tool, www.usfhpformulary.com, to find out if your specific drug requires step therapy, or call USFHP customer service at 800-678-7347.

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NOT COVERED

Prescriptions used to treat conditions that are not currently covered by TRICARE either by statute or regulation are excluded from the pharmacy benefit.

- Drugs prescribed for cosmetic purposes
- Topical fluoride preparations
- Homeopathic and herbal preparations
- Multivitamins
- Over the counter (OTC) products*

**TRICARE covers certain OTC drugs with a prescription*

DISASTER PREPARATION

- Keep an up-to-date list of your medications.
- Do not let yourself run completely out of medication.
- If you have a medication that requires refrigeration, make sure you have an ice chest and at least 4 ice packs to transport it with.
- If there is enough time, pick up a 30 day supply of your medication from your local network pharmacy.
- Make sure you take the original prescription bottles from the pharmacy with you.
In case of a disaster, this will help another pharmacy give you an emergency supply.
- Take your US Family Health Plan ID card with you. On the back of your card is a toll-free number to Maxor Plus, which is **800-687-0707**. During a disaster, the staff will assist you in getting the medication you need, whether it is finding a nearby pharmacy for you or mailing your refills to a temporary address.
- If you are away from home longer than expected, MXP Mail Order Pharmacy will mail your prescriptions to a temporary address. The pharmacy can be reached at **866-408-2459**.

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GRIEVANCE (FEEDBACK) AND APPEALS PROCESS

Grievance Process

We continually strive to improve the experience, care, and services that we provide to our members.

Any member who is dissatisfied with personnel, service, or quality of care can offer feedback by contacting Member Services, toll-free, at **800.67.USFHP (800.678.7347)**; TTY 711.

Every effort will be made to resolve the complaint to your satisfaction during your initial call. If your complaint is not resolved to your satisfaction, you may request a formal grievance be filed on your behalf. Your grievance will be forwarded for review and will be acknowledged within five working days of receipt.

All grievances will be resolved within thirty (30) calendar days. If additional time is needed, a letter will be sent to the member noting this, with an explanation for the delay and the estimated date of completion. Confidentiality is an important aspect of the grievance procedure. The member is assured that information regarding a grievance will be held in confidence by the Plan throughout the investigation and resolution.

You may submit a formal grievance, in writing, to the following address:

CHRISTUS Health US Family Health Plan
Attn: Grievances
PO Box 169009
Irving, TX 75016



Appeals Process

Members who are not satisfied with medical decisions made by USFamily Health Plan or who disagree with US Family Health Plan decision to deny an authorization or claim, may pursue the formal appeals process. The CHRISTUS Health US Family Health Plan intends to provide appeal notices in a culturally and linguistically appropriate manner. CHRISTUS Health monitors US Census data for each service area annually to determine whether 10% or more of the population in each county speaks a language other than English.

When the population in the county speaking a language other than English exceeds 10%, CHRISTUS Health will add language to the appeal notice informing members in that language how to obtain assistance in understanding the appeal notice.

There are two main categories of appeals: Factual and Medical Necessity. These types of appeals must be filed, in writing, within ninety (90) calendar days after the date of the notice of the initial denial determination in order to be accepted for review by US Family Health Plan. A written request for appeal must be received – by mail, fax or email – before the expiration of the appeal filing deadline, unless it can be shown to the satisfaction of US Family Health Plan that timely filing of the request was not possible due to extraordinary circumstances over which the appealing party had no practical control. A determination by US Family Health Plan that extraordinary circumstances do not exist is not applicable.



Factual Appeal

A factual appeal is a request to reconsider a claim or authorization request that has been denied for any of the following reasons:

- The requested service is not a covered benefit under the TRICARE program (e.g. chiropractic care).
- Determinations related to coverage based on limitations contained in the 32 CFR 199, the TRICARE Policy Manual (TPM), and other TRICARE guidance.

Medical-necessity appeals are requests to reconsider an authorization that has been denied for either of the following reasons:

- Service is a covered benefit, but the member's condition does not meet medical-necessity standards.
- Services extend beyond what is considered to be medically necessary (e.g., extended hospital stay).

There are two types of Medical-necessity appeals: Expedited and Concurrent Appeals. Expedited appeals must be submitted prior to the service being delivered. They must be filed within three (3) calendar days after the date of the mailing of the initial denial determination. An appeal can be expedited for the following reasons:

- In the opinion of the provider, the member's health or ability to function could be seriously harmed by waiting for the standard appeals process, and/or
- Continuing coverage for inpatient or skilled nursing level of care has been denied.

Concurrent appeals require the member be a patient in the facility on the date of the appeal filing. Appeals may be submitted by a member, the member's appointed representative, the parent of a minor, or a provider (if the member has signed an "Appointment of Representative" statement authorizing the provider to act on his or her behalf) along with a signed HIPAA disclosure form if one is not already on file. The appeal letter should include the member's name, address, telephone number, sponsor's name, the decision being appealed, and the specific reason(s) a determination should be reversed. Please include copies of any other documents that are related to your appeal request.

Member appeals should be mailed to:

CHRISTUS Health US Family Health Plan
Attn: Medical Appeals
PO Box 169009
Irving, TX 75016

www.christushealthplan.org
www.maxor.com



APPEALS CONTINUED

Once an appeal letter is received, US Family Health Plan will mail you an acknowledgment letter confirming receipt and stating when a final determination of your appeal request will be made, following TRICARE guidelines.

US Family Health Plan will issue a written determination letter that will include the Appeals Committee's decision (approval or denial), the citation and quotation of relevant authority, and the reasons for the Appeals Committee's decision. The letter will additionally provide the member with an explanation and finding relative to the member's financial liability under hold harmless or waiver of liability provisions, as applicable, and will provide the member with further appeal rights and instructions, if applicable.

For further information on the appeals process, call Member Services, toll-free, at **800.67.USFHP (800.678.7347)**; TTY 711.

Level Two Appeals: If the member is not satisfied with the outcome of the Level One determination and has Level Two appeal rights in their determination letter, the member may submit an additional letter to request that the issue be further reviewed and reconsidered.

The member will need to send a copy of the Level One determination letter along with his/her appeal letter to:

- The Defense Health Agency (DHA) for factual-determination cases.
- TRICARE Quality Monitoring Contractor (TQMC) for medical-necessity cases.

Addresses for the DHA and TQMC will be included in the Level One denial letters.

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APPEALS

Appeal Type	Appeal Decisions Timeframes
Medical – Necessity and Factual Appeals Level One	A Pre-Service Determination will be made within thirty (30) calendar days from the date your appeal was received. A Post-Service Determination will be made within sixty (60) calendar days from the date your appeal was received.
Medical –Necessity Appeal: Concurrent	The TQMC shall complete a reconsideration determination for a concurrent review initial determination within two (2) working days and shall notify all parties and US Family Health Plan of the determination within three (3) working days after the receipt of the reconsideration request from US Family Health Plan to the TQMC.
Medical Necessity Appeal: Expedited	Within three (3) working days of receipt of a request from a beneficiary for an expedited appeal.

NON-NETWORK REIMBURSEMENTS

At a non-network pharmacy, you will pay the full price of your prescription up front and file a claim for reimbursement directly with US Family Health Plan. Reimbursements are subject to deductibles, out-of-network cost-shares, and TRICARE required copays. All deductibles must be met before any reimbursement can be made. For details about filing a claim, contact USFHP Customer Service at 1-800-678-7347. Reimbursement requests should be mailed to:

USFHP
 Attn: Reimbursement
 P. O. Box 169001
 Irving, TX 75038



F.A.Q.

FREQUENTLY ASKED QUESTIONS

How do I order prescriptions?

For new, handwritten prescriptions please fill out the MAIL ORDER FORM and mail it to the pharmacy, along with your prescription and payment. If you do not have a credit card on file, please include a check or money order. Our mailing address is: **MXP Pharmacy, P.O. Box 32050, Amarillo, Texas 79120-2050.** Your provider may also phone, fax, or electronically submit new prescriptions to MXP Pharmacy. The most convenient method for ordering your refill prescriptions is through the automated phone system by calling toll-free (800) 687-8629 or by visiting our website at www.maxorplus.com.

How long does it take to receive my prescriptions?

You should receive your medication within five business days from the time MXP Pharmacy receives and processes your prescription. Note: It may take longer to receive your order if a prescription requires intervention (i.e. prior authorization).

Do I need to send in a new prescription each time I refill my medication?

If your prescriptions have refills available, you only need to have your prescription number. The most common reasons that require MXP Pharmacy to have a new prescription include having no refills remaining, dosage increases, or new medications that your doctor prescribes.

Can I fax new prescriptions?

Only your doctor can fax new prescriptions.



How do I refill my prescriptions online?

You may refill your prescriptions on our website at www.maxorplus.com. Refills may be submitted using our quick refill tool or by creating a MaxorPlus member portal account.

How do I refill my prescriptions using the automated telephone system?

Members can call (800) 687-8629 and follow the menu instructions to automatically refill your medications. If your prescription is too soon to fill, the automated system will give you the next available refill date. Please call back to order at that time. You will need to have your prescription number(s) available as well as updated credit card information at the time the order is placed.

What is my prescription number?

It is a number, beginning with a 92, found at the top left corner of your prescription label. It remains the same until your refills run out. When you get a new prescription from your doctor for the same drug, it is assigned a new prescription (Rx) number.

What if I request a refill and it is too soon to fill?

We will process your prescription on the earliest available refill date if the medication is available for refill within 30 days. Every insurance plan differs in their rules regarding the number of days between each refill. The earliest refill date is printed at the lower left of your prescription label.

(continued on next page)



How do I pay for my prescriptions?

With new or refill prescriptions received by mail, you can send a check or money order along with your MAIL ORDER FORM. You may also pay by credit card, which we can store for future orders. Please note that orders will not be processed without payment.

What are the benefits of using MXP Pharmacy?

It is a convenient way to have your prescriptions delivered to your home and, in most cases, at a significant cost savings. Please refer to your prescription card or your plan document for specific co-pay savings. Ask your physician to write two prescriptions, the first one written for a 30-day supply to be filled immediately at your local pharmacy and the second written for a 90-day supply to send to MXP Pharmacy. You will always be charged the mail order co-pay when you fill a prescription at MXP Pharmacy. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year. Note: A 30-day prescription with 2 refills is not the same as a 90-day prescription. MXP Pharmacy is required to fill each prescription as it is written.

How will my prescription order be mailed?

Your medications are generally delivered via first-class mail by the US Postal Service. We also offer expedited shipping through UPS for an additional fee. UPS requires a physical address and will not deliver to PO boxes. Refrigerated medications, such as insulin, are shipped overnight via UPS at no additional cost to you. Please note that refrigerated medications are shipped overnight Monday – Wednesday only.

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F.A.Q.

FREQUENTLY ASKED QUESTIONS

(PAGE 2)

What if my prescription requires a prior authorization?

If your prescription claim rejects at MXP Pharmacy due to a prior authorization requirement, we may contact your physician for additional information. Typically this process takes 24-48 hours, depending on how quickly the required information is obtained from your physician. You may call the MaxorPlus Member Services at (800) 687-0707 if you have any questions regarding the status of a prior authorization request.

What happens when my prescription is out of refills?

When your prescription has no refills remaining and you request a refill from MXP Pharmacy, we will contact the prescribing doctor for a new prescription. It is recommended that you call back within three business days to confirm a response from your doctor. Physicians can fax, mail, call in, or electronically submit prescriptions for patients. If you have changed physicians since your last prescription fill, you will need to contact your physician to request a new prescription.

Can MXP Pharmacy ship controlled substance medications?

With a valid prescription, MXP Pharmacy can ship controlled medications anywhere in the United States except Hawaii. Please note, due to Texas state regulations, controlled medications received from outside the state of Texas from mid-level providers such as Nurse Practitioners, Physician Assistants, or Midwives cannot be filled by MXP Pharmacy. All out of state controlled medications must be submitted by Medical Doctors (MD). If you need assistance identifying if your medication is a controlled substance, please contact our member services department at (800) 687-8629.





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P.O. Box 32050

Amarillo, Texas 79120