

MEDICATION TRANSITION PROGRAM

Welcome to Florida Health Care Plans. The following form is part of the Medication Transition Program for our new commercial members. Our Medication Transition Program is a service that is offered to members who are new to Florida Health Care Plans and take medications that are not covered by the plan (non-formulary). This helps members get the best value for their health care benefit by using medications that the insurance covers.

Non-formulary medications can cost members 3 to 20 times as much as a similar formulary medication. If you are new to us and would like to know if we can help reduce your medication costs for uncovered drugs, please complete this Medication Transition Form. Afterwards, return it with the pre-addressed envelope or bring it to one of the Florida Health Care Pharmacies. Your form will be reviewed by a Clinical Pharmacist who will suggest a similar medication to the physician you indicated on the form.

Please fill out the form completely, and be sure to include all medications you currently take. There are also sections for medications you are allergic to as well as medications you can not take due to side effects. If you have tried medications that were not effective for you in the past, please put that information in the miscellaneous section of the form. This will help the pharmacist select a medication that doesn't interact with the other drugs you take, as well as one that is similar in effectiveness to the non-formulary drug it is replacing. If you do not want to substitute a particular medication, check the 'No Substitution Requested' box next to the drug.

After your Medication Transition Form is sent in and reviewed by the pharmacist, a substitution request will be sent to the physician you indicated on the form. If the physician is in agreement with the recommendation, a prescription will be sent to the pharmacy you chose on the form. If you take more than one non-formulary drug, we will try to find a similar covered drug for each. Included in this packet is a table that lists the most common non-formulary drugs and shows similar medications Florida Health Care Plans has available on its formulary. If you take one of the non-formulary drugs listed on this table, feel free to discuss the alternatives with your physician, or fill out a Medication Transition Form and we will contact your physician.

Not all medications are appropriate to substitute, so there may be some cases where the pharmacist will not make a recommendation to your physician.

We appreciate your membership and look forward to serving you. Thank you, and welcome to Florida Health Care Plans!

David Fox, PharmD
Clinical Pharmacy Manager
Florida Health Care Plans

MEDICATION TRANSITION PROGRAM

Medical Record #: _____

Today's Date: ____/____/20____

Members Name (Please Print): _____
FIRST LAST

Date of Birth (Month/Day/Year): _____ Phone Number: (____) _____

Weight: (in pounds) _____ Height: (feet', inches", example: 5'6") _____ Sex: † M † F

Florida Health Care Plans Primary Care Physician (PCP): _____

PCP Phone #: (____) _____

FHCP PHARMACIES: (Please check which pharmacy you will use)

† **Florida Health Care Plan, Inc.**
350 N. Clyde Morris Boulevard, Daytona Beach
386-248-0832 or 1-800-321-1227
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Closed Saturday and Sunday

† **Florida Health Care Plan, Inc.**
2777 Enterprise Road, Orange City
386-774-5961 or 1-800-390-3427
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

† **Florida Health Care Plan, Inc.**
939 N. Spring Garden Avenue, DeLand
386-736-7318
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

† **Florida Health Care Plan, Inc.**
309 Palm Coast Parkway, Palm Coast
386-446-9447
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

† **Florida Health Care Plan, Inc.**
239 N. Ridgewood Avenue, Edgewater
386-423-4212
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

† **Florida Health Care Plan, Inc.**
740 Dunlawton Avenue, Suite 150, Port Orange
386-767-0563
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

† **Florida Health Care Plan, Inc.**
1340 Ridgewood Avenue, Holly Hill
386-676-7120 or 1-800-232-0216
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 5:00 p.m.; Closed Sunday

1) MEDICATION ALLERGIES:

Please list the names of any medications that you are allergic to, or write 'NONE KNOWN' below.
Allergies generally will give people a rash, swelling of the lips or throat, itching, or severe skin reactions.

NAME of MEDICATION

WHY YOU CANNOT TAKE THIS MEDICATION

2) MEDICATION YOU CANNOT TAKE DUE TO SIDE EFFECTS OR MEDICAL PROBLEMS:

Please list the medication and the reason you cannot take the drug. Please write "NONE KNOWN" if not applicable. **Examples: Nausea, Stomach ache, Headache, Muscle ache**

NAME of MEDICATION

WHY YOU CANNOT TAKE THIS MEDICATION

Example: Ibuprofen

Stomach Ulcer/ Stomach ache

3) MEDICATIONS YOU CURRENTLY TAKE:

Please fill in the table below: Include any herbal or over the counter medications you **take every day or on a regular basis.**

<i>Drug name</i>	<i>Strength (MG)</i>	<i>Directions</i>	<i>How long on medication</i>	<i>What the medication is used for</i>	<i>No substitution requested</i>
<i>Example:</i> Synthroid	.75	1 pill a day	3 months	Thyroid	<i>Check this box for meds you do not wish to substitute</i>
<i>Example:</i> Metformin	500	2 pills 2 times a day	5 years	Diabetes	

4) MISCELLANEOUS INFORMATION

Please list any medical conditions you have that are NOT being treated with medications listed above. Example: Headaches, Cataracts

Miscellaneous: If there is anything in addition you would like the pharmacist to know while reviewing your medications, please write it below. Include any drugs which were ineffective for you.

Discrimination is Against the Law

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

Florida Health Care Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified Interpreters
 - Information written in other languages

If you need these services, contact Daria Siciliano, RN-BC, CCM.

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Daria Siciliano, RN-BC, CCM,
Manager of Member Services,
1340 Ridgewood Avenue,
Holly Hill, FL 32117.
Phone: 1-844-219-6137,
TTY: TRS Relay 711,
Fax: 386-676-7149,
Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, Daria Siciliano, RN-BC, CCM Manager of Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



If you or someone you're helping has questions about **Florida Health Care Plans**, you have the right to get help and information in your language at no cost. To talk to an interpreter, call **1-877-615-4022. (TTY: TRS Relay 711)**

Si usted o alguien a quien ayuda tienen preguntas sobre **Florida Health Care Plans**, tienen derecho a obtener ayuda e información en su idioma de manera gratuita. Para hablar con un intérprete, llame al **1-877-615-4022. (TTY: TRS Relay 711)**

Si ou menm, oswa yon moun w ap ede, gen kesyon sou **Florida Health Care Plans**, ou gen dwa pou jwenn enfòmasyon nan lang ou gratis. Pou ale ak yon entèprèt, rele **1-877-615-4022. (TTY: TRS Relay 711)**

Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về **Florida Health Care Plans**, quý vị có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch, hãy gọi theo số **1-877-615-4022. (TTY: TRS Relay 711)**

Se você, ou alguém que estiver a ajudar, tiver dúvidas sobre **Florida Health Care Plans**, tem o direito de obter ajuda e informações na sua língua, sem nenhuma custas. Para falar com um intérprete, ligue para **1-877-615-4022. (TTY: TRS Relay 711)**

如果您或您正協助的某人對**Florida Health Care Plans**

有疑問，您有權免費以您的語言取得本協助及資訊。如欲與口譯員交談，請致電**1-877-615-4022. (TTY: TRS Relay 711)**

Si vous ou une personne que vous aidez avez des questions au sujet de **Florida Health Care Plans**, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, veuillez appeler le **1-877-615-4022. (TTY: TRS Relay 711)**

Kung ikaw, o ang isang taong tinutulungan mo, ay may mga tanong tungkol sa **Florida Health Care Plans**, mayroon kang karapatang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa **1-877-615-4022. (TTY: TRS Relay 711)**

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о программе **Florida Health Care Plans**, Вы имеет право бесплатно получить ответы в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону **1-877-615-4022. (TTY: TRS Relay 711)**

إذا كان لديك أو الشخص الذي تساعد استفسارات حول **Florida Health Care Plans**، يحق لك تلقي المساعدة والمعلومات بلغتك مجاناً. تحدث إلى مترجم فوري، اتصل على الرقم **1-877-615-4022. (TTY: TRS Relay 711)**

se voi, o una persona che state aiutando, avete domande relative al **Florida Health Care Plans**, avete diritto a ottenere assistenza e informazioni gratuitamente nella vostra lingua. Per parlare con un interprete, chiamare il numero **1-877-615-4022. (TTY: TRS Relay 711)**

Falls Sie oder jemand, dem Sie helfen, irgendwelche Fragen über **Florida Health Care Plans** haben, so haben Sie Anspruch auf kostenlose Unterstützung und Informationen in Ihrer eigenen Sprache. Bitte rufen Sie uns unter der Nummer **1-877-615-4022. (TTY: TRS Relay 711)** an, um mit einem Dolmetscher/einer Dolmetscherin zu sprechen.

귀하 또는 귀하가 도와드리고 있는 분이 **Florida Health Care Plans**에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역으로 전화 연결되려면 **1-877-615-4022. (TTY: TRS Relay 711)** 번으로 전화해 주십시오.

Jeśli Ty lub ktoś, komu pomagasz macie pytania dotyczące **Florida Health Care Plans**, macie prawo uzyskać pomoc i informacje w swoim języku, bez żadnych kosztów. Porozmawiaj z tłumaczem, zadzwoń pod numer **1-877-615-4022. (TTY: TRS Relay 711)**

જો તમને અથવા તમે જેને મદદ કરી રહ્યાં છો તેમને **Florida Health Care Plans** વિશે કોઈ પ્રશ્નો હોય, તો તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વિના મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે **1-877-615-4022. (TTY: TRS Relay 711)** પર ફોન કરો.

หากคุณ หรือคนที่คุณกำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ **Florida Health Care Plans** คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร.

1-877-615-4022. (TTY: TRS Relay 711)

Florida Health Care Plan, Inc. d/b/a Florida Health Care Plans (“FHCP”) offers health insurance coverage products. FHCP is an affiliate of Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.