



MEDICARE MEDICATION TRANSITION PROGRAM

Welcome to FHCP Medicare. The following form is part of the Medicare Medication Transition Program for our new Medicare members. This program will help you find the best value for your prescription drugs. The information you provide on this form will be reviewed by a Florida Health Care Plans clinical pharmacist. The pharmacist will make recommendations to your physician to help find the least expensive and most effective alternative to medications that you are currently taking not covered by FHCP Medicare.

It is important that you complete this form as early as possible and return it to FHCP Medicare so we can begin the review process before you run out of your medications. The pharmacist may contact you by telephone if there are any questions. Patients that have run out of medications, and need a one-time fill of a non-formulary medication, can use an FHCP Preferred pharmacy. The one-time fill cost-share will be at either the Tier 2 or Tier 4 co-pay.

When you have completed this form, please drop it off at an FHCP Preferred Pharmacy (listed below) or mail it in the enclosed self-addressed, stamped envelope.

We appreciate your membership and look forward to serving you.

MEDICARE 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 #: (____) _____

Medicare Medication Transition Form

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

<i>Example:</i> Ibuprofen	Stomach Ulcer/ Stomachache

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>Example:</i> Synthroid	.75	1 pill a day	3 months	Thyroid
<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

Surgeries: Please list any surgeries below.

Surgery: _____ Date: _____

Miscellaneous: If there is anything in addition you would like the pharmacist to know while reviewing your medications please write it below:

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

VOLUSIA COUNTY

- | | |
|--|---|
| <input type="checkbox"/> FHCP Pharmacy – Daytona Beach
350 N. Clyde Morris Boulevard, Daytona Beach
386-248-0832
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Closed Saturday and Sunday | <input type="checkbox"/> FHCP Pharmacy – Holly Hill
1340 Ridgewood Avenue, Holly Hill
386-676-7120
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 5:00 p.m.; Closed Sunday |
| <input type="checkbox"/> FHCP Pharmacy - DeLand
937 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 | <input type="checkbox"/> FHCP Pharmacy – Orange City
2777 Enterprise Road, Orange City
386-774-5961
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday |
| <input type="checkbox"/> FHCP Pharmacy - Edgewater
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 | <input type="checkbox"/> FHCP Pharmacy – Ormond Beach
473 S. Nova Road, Ormond Beach
386-481-6145
Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday |

FHCP Pharmacy – Port Orange

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

FLAGLER COUNTY

FHCP Pharmacy – Palm Coast Town Center

145 City Place, Suite 100, Palm Coast
386-302-0977

Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

FHCP Pharmacy – Palm Coast

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

SEMINOLE COUNTY

FHCP Pharmacy – Stirling Center

707 Platinum Point, Lake Mary
407-732-7950

Monday through Friday, 8:00 a.m. – 8:00 p.m.;
Saturday, 9:00 a.m. – 5:00 p.m.; Closed Sunday

BREVARD COUNTY

FHCP Pharmacy – Melbourne

785 N. Wickham Road, Suite 104, Melbourne
321-567-7505

Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

FHCP Pharmacy - Titusville

1021 S. Washington Avenue, Titusville
321-567-7500

Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

FHCP Pharmacy - Rockledge

1954 Rockledge Blvd., Suite 107, Rockledge
321-567-7503

Monday through Friday, 8:30 a.m. – 6:00 p.m.;
Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday

ST. JOHNS COUNTY

FHCP Pharmacy – St. Augustine

200 Southpark Blvd., Suite 206, St. Augustine
Monday through Friday, 8:30 a.m. – 6:00 p.m.;

Saturday, 9:00 a.m. – 1:00 p.m.; Closed Sunday