

PHARMACY SERVICES

Eight (8) pharmacy locations provide members of Volusia Health Network maximum savings on prescription drug purchases. Prescriptions may be filled with a 93-day supply, only at Halifax Outpatient Pharmacy and FHCP Mail Order Pharmacy. FHCP outpatient, walk-in pharmacies can fill a 31-day supply only. Next day service is available on non-emergency prescriptions. Copayments listed below represent a 31-day supply. Co-payments are subject to change.

PRESCRIPTION BENEFIT CO-PAYMENTS:

Formulary Preferred Generic (Tier 1)	\$ 7	Formulary Non-Preferred Generic (Tier 2)	\$15
Formulary Preferred Brand Name (Tier 3)	\$37	Formulary Non-Preferred Brand Name (Tier 4)	\$65
Formulary (Tiers 5 and 6)		20% Coinsurance	

HALIFAX HEALTH MEDICAL CENTER

303 N Clyde Morris Blvd., Daytona Beach

(386) 254-4197; Fax: (386) 947-4613

8:30 am - 5:00 pm, Mon - Fri

FLORIDA HEALTH CARE PLANS

350 N. Clyde Morris Blvd., Daytona Beach

(386) 248-0832; Fax: (386) 238-3263

8:30 am - 6:00 pm, Mon - Fri

TTY# 386.615.4045 (All Pharmacies)

FLORIDA HEALTH CARE PLANS

939 N. Spring Garden Ave., DeLand

(386) 736-7318; Fax: (386) 943-8123

8:30 am - 6:00 pm, Mon - Fri

9 am - 1:00 pm, Sat

FLORIDA HEALTH CARE PLANS

1340 Ridgewood Ave., Holly Hill

(386) 676-7120; (386) 676-7128; Fax: (800) 232-0216

8:30 am - 6:00 pm, Mon - Fri

9:00 am - 5:00 pm, Sat

FLORIDA HEALTH CARE PLANS

239 N. Ridgewood Ave., Edgewater

(386) 423-4212; Fax: (386) 428-9713

8:30 am - 6:00 pm, Mon - Fri

9:00 am - 1:00 pm, Sat

FLORIDA HEALTH CARE PLANS

2777 Enterprise Rd., Orange City

(386) 774-5961; Fax: (386) 774-7592

8:30 am - 6:00 pm, Mon - Fri

9:00 am - 1:00 pm, Sat

FLORIDA HEALTH CARE PLANS

309 Palm Coast Pkwy., Palm Coast

(386) 446-9447; Fax: (386) 446-6983

8:30 am - 6:00 pm, Mon - Fri

9:00 am - 1:00 pm, Sat

FLORIDA HEALTH CARE PLANS

740 Dunlawton Ave., Suite 150, Port Orange

(386) 767-0563; Fax: (386) 761-7095

8:30 am - 6:00 pm, Mon - Fri

9:00 am - 1:00 pm, Sat

FLORIDA HEALTH CARE PLANS

145 City Place, Suite 100, Palm Coast

(386) 302-0977

8:30 am - 6:00 pm, Mon - Fri

9:00 am - 1:00 pm, Sat

FLORIDA HEALTH CARE PLANS

473 S Nova Rd., Ormond Beach

(386) 481-6145

8:30 am - 6:00 pm, Mon - Fri

9:00 am - 5:00 pm, Sat

FLORIDA HEALTH CARE PLANS MAIL ORDER PHARMACY

You may order a 93-day supply of medications (not open to the public)

Co-payments are subject to change:

Formulary Preferred Generic (Tier 1)	\$18
Formulary Non-Preferred Generic (Tier 2)	\$42
Formulary Preferred Brand Name (Tier 3)	\$108
Formulary Non-Preferred Brand Name (Tier 4)	\$192
Specialty Drugs (Preferred & Non-Preferred)	Not Covered

Hours: 8:30 am - 5:30 pm, Mon - Fri

(386) 676-7126; (386) 676-7165; Fax: (800) 232-0216

TTY# (386) 615-4045 or (877) 260-8312

ADDITIONAL PHARMACY LOCATIONS

FLORIDA HEALTH CARE PLAN'S CONTRACTED WALGREEN PHARMACIES:

Different co-payments apply as listed below. A maximum 31-day supply may be obtained **only from the nine (9) locations listed below:**

WALGREEN PHARMACY 3010 S. Ridgewood Ave., Edgewater (386) 427-5208 9:00 am - 9:00 pm, Mon-Fri 9:00 am - 6:00 pm, Sat 9:00 am - 5:00 pm, Sun	WALGREEN PHARMACY 205 E. Granada Blvd., Ormond Beach (386) 677-8849 9:00 am - 8:00 pm, Mon-Fri 9:00 am - 6:00 pm, Sat 9:00 am - 5:00 pm, Sun	WALGREEN PHARMACY 7815 Hwy. 17-92, Fern Park (407) 331-0968 9:00 am - 9:00 pm, Mon-Fri 9:00 am - 5:00 pm, Sat 9:00 am - 5:00 pm, Sun
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FOR WEEKEND, AFTER-HOURS & EMERGENCY PRESCRIPTIONS ONLY:

The following Florida Health Care Plans Contract Pharmacies can fill Volusia Health Network prescriptions after-hours, on weekends, and for emergency prescriptions only. After hours is defined as: Monday through Friday, 6:00 pm to 8:00 am and all day Saturday and Sunday. Only a 31-day supply may be obtained from these pharmacies:

WALGREEN PHARMACY
1420 Beville Rd., Daytona Beach
 (386) 257-5773
 9:00 am - 9:00 pm, Mon - Fri
 9:00 am - 6:00 pm, Sat
 9:00 am - 5:00 pm, Sun

WALGREEN PHARMACY
790 W. Granada Blvd, Ormond Beach
 (386) 672-7107
 7:00am – Midnight 7 days a week

WALGREEN PHARMACY
1650 Dunlawton Ave., Port Orange
 (386) 322-3267
 7:00 am – 11pm, Mon – Fri
 9:00 am – 9:00 pm, Sat & Sun

WALGREEN PHARMACY
100 E. International Speedway Blvd., Deland
 (386) 738-4371
 8:00 am – Midnight, Mon – Fri
 9:00 am – 9:00 pm, Sat & Sun

WALGREEN PHARMACY
897 Saxon Blvd., Orange City
 (386) 775-5336
 7:00 am – 11:00 pm, Mon – Fri
 9:00 am – 9:00 pm, Sat & Sun

WALGREEN PHARMACY
1109 Palm Coast Pkwy., Palm Coast
 (386) 445-7041
 7:00 am – 11:00 pm, 7 days a week

PRESCRIPTION BENEFIT CO-PAYMENT FOR ABOVE:

Note: Co-payments are subject to change

<u>Formulary Preferred Generic (Tier 1)</u>	<u>\$20</u>
<u>Formulary Non-Preferred Generic (Tier 2)</u>	<u>\$20</u>
<u>Formulary Preferred Brand (Tier 3)</u>	<u>\$42</u>
<u>Formulary Non-Preferred Brand (Tier 4)</u>	<u>\$70</u>
<u>Specialty Drugs (Preferred & Non Preferred)</u>	<u>Not Covered</u>

REIMBURSEMENT FOR “OUT OF AREA” EMERGENCY PRESCRIPTIONS ONLY:

You may be eligible for reimbursement of prescription costs incurred outside of the Volusia/Flagler County area provided the following requirements are met:

- The prescription must be for an **emergency** situation (not for maintenance drugs, forgotten prescriptions, etc.)
- You are required to pay out-of-pocket initially; then submit the entire prescription receipt (including prescribing doctor, name of medication, dosage, quantity, etc.) to Volusia Health Network
- Prescriptions will be reimbursed at the price you paid minus the appropriate co-pay amount

Purchases that do not meet the above criteria will not be eligible for reimbursement. No purchases at local, out-of-network pharmacies will be eligible for reimbursement.

NON-FORMULARY MEDICATIONS:

A member may choose to purchase a non-formulary medication (if it is available) at Halifax Health’s Outpatient Pharmacy at cost plus a \$5 dispensing fee. The cost is the member’s responsibility; there is no reimbursement under the Plan. However, not all non-formulary medications are available at Halifax Health’s outpatient pharmacy.

If the cost of the medication exceeds the Tier 4 or Tier 5 co-pay amount, **AND** the prescribing physician believes an exception should be made, a request for a non-formulary exception may be submitted to Volusia Health Network for Medical Director Review.

DIABETIC SUPPLIES - HOW TO OBTAIN THEM:

1. **Blood Glucose Monitors** - The Plan provides the Ascensia Breeze, Contour and Contour Next at no cost to the member. Please call the Outpatient Diabetes Education Department at 386.258.4829 for information on how to obtain one.
2. **Testing Strips** - are covered for copay at Florida Health Care Plans Pharmacies and Halifax Health Medical Center outpatient pharmacy. You must have a prescription from your Provider indicating how many times a day you are to test. Supplies are filled for one month’s supply or three months if done by mail order. Refer to Pharmacy Formulary on the Volusia Health Network website for copay.
3. **Syringes** - are covered for copay at Florida Health Care Plans Pharmacies and Halifax Health Medical Center outpatient pharmacy. You must have a prescription from your Provider indicating how many times a day you are to administer the medication. Supplies are filled for one month’s supply or three months if done by mail order.

PHARMACY EXCLUSIONS AND LIMITATIONS INCLUDE:

- Over the counter drugs;
- Brand name medications when a generic equivalent is available;
- Prescriptions filled at a non-participating pharmacy, except for prescriptions required during emergency care;
- Any drug, medicine or medication that is consumed at the place where the prescription is given or that is dispensed by a physician;
- Any portion of a prescription or refill that exceeds a 31-days supply;
- Prescription refills in excess of the number specified by the physician;
- The administration of covered prescription medication;
- Prescriptions that may be paid without charge under local, state, or federal programs, including worker's compensation;
- Prescriptions that are to be taken by or administered to the member in whole or in part, while he or she is a patient in a hospital, skilled nursing facility, convalescent hospital, inpatient hospice facility or other facility where drugs are ordinarily provided by the facility on an inpatient basis;
- Prescriptions ordered or received in excess of any maximums covered under this benefit, and not covered under any other provision in this group plan;
- Any drug, medicine or medication labeled "caution-limited by federal law to investigation use." Any experimental drug or drug used for non-FDA approved indication or prescribed for use by a route of administration that is not approved by the FDA even though a charge is made to the member; a drug that is prescribed for the treatment of cancer is covered as long as that drug is recognized for treatment of that indication in a standard reference compendium or recommended in the medical literature and included in Florida Health Care Plan's formulary;
- Biological serums;
- Any drug or medicine that is lawfully obtainable without a prescription, with the exception of insulin;
- Therapeutic devices or appliances, including hypodermic needles/syringes (exception: insulin needles/syringes with insulin), support garments, and other non-medical substances, regardless of intended use;
- Nutritional supplements given as a medicine between meals to boost protein-caloric intake or the mainstay of a daily nutritional plan;
- Prescriptions and non-prescription appetite suppressants and products for the purpose of weight loss;
- Nicotine suppressants and smoking cessations products and services;
- Any drug for cosmetic use or alteration of one's appearance (i.e. Rogaine, bleaching agents, acne medications, nail fungus treatment);
- Infertility agents;
- Transdermal scopolamine patches;
- Abortifacients;
- Erectile Dysfunction drugs.