

P.O. Box 459089 Fort Lauderdale, FL 33345-9089

## Pharmacy Lock-In Program Referral Form

Fax the completed and signed form to 1-866-753-7452. For questions concerning the Lock-in program, call Provider Services at 1-844-477-8313 and ask to speak with a Pharmacy team member.



I am recommending that the above named recipient be placed in the Children's Medical Services Health Plan Pharmacy Lock-in Program. I understand that if the recipient meets criteria for this program, it will require this recipient to receive all their prescriptions from one pharmacy for a period of one year.

The above named recipient has utilized Medicaid prescribed drug services that may be considered duplicative and/or inappropriate with respect to the frequency and quantity for prescriptions filled. (Please provide details in the space provided below.)

## The recipient would prefer to use the pharmacy below (if known):

Pharmacy Name	
Pharmacy Medicaid Provider #	NPI#
Pharmacy Phone Number	Pharmacy Fax Number
REFERRAL SOURCE: Internal	Pharmacy Physician
Name:	DOH License #:
Phone:	
Signature:	Date: