



## CLINICAL MAILING NOTIFICATION

**Type of Mailing:** Medi-Span Change

**Drugs Affected:** TRANSDERM-SCOP PATCH

**Projected Mailing Date\*\*:** 8/7/2017

The purpose of this letter is to notify you of an upcoming change in the prescription drug coverage for your patient(s).

As of 8/1/2017, the generic equivalent of the drug was added to your patient(s) formulary. Coverage of the brand medication has changed. Please see the table below for information.

Prescription Affected	Generic Equivalent
TRANSDERM-SCOP PATCH	scopolamine patch 1.5mg

In addition, we will be sending letters to health plan members that will be affected by this formulary change.

\*\*This is an estimated date

## Notice of Non-Discrimination

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

Alliant Health 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 Sabrina LeBeau.

If you believe that Alliant Health 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: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau 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>.

