

PHARMACY TRANSITION OF MEDICATIONS



Welcome to AvMed

This form is to help newly enrolled members transition from their previous insurance carrier to AvMed Health Plans. Some prescription medications on AvMed's formulary have certain requirements for coverage. Completion of this transition form provides AvMed the information needed to facilitate refills of these medications to assure continued care.

Please complete and submit both pages of this form.

AvMed's formulary is updated monthly. The Pharmacy Transition of Medications is reviewed and revised quarterly and therefore may not exactly mirror the formulary. Before completing this form, please check the updated electronic version of the formulary at www.avmed.org.

Complete this form ONLY if you are taking a medication listed below.
Please fill out one form per family member, if needed. Fax: 352-548-3999

Si usted necesita ayuda para completar este documento, por favor llame a nuestro Departamento de Servicios a los Afiliados utilizando el número de su tarjeta de identificación. Un representante que habla español le ayudará.

Today's Date: _____ Employer Group: _____

Member Name: _____ Date of Birth: _____

Member ID or SS: _____ Daytime Contact Phone Number: _____

Progressive Medication Program (PMP) List

The Progressive Medication Program (PMP) encourages the use of generic medications. This program requires the trial of alternative medications first in order to be approved for one of the medications listed below. However, if you have been taking one of these medications within the last 90-days, an authorization will be entered that will allow you to continue the use of this medication. Circle the medication you are taking and fax to AvMed for authorization. Please allow 10-14 days for processing. Call your pharmacy before going to ensure your prescription is ready. **If you do not pick up your prescription within the first 90 days of your effective date with AvMed, a new authorization will be required.**

Aciphex	Avapro	Boniva	Fosamax D	Omnaris	Tricor
Actonel	Avonex	Caduet	Lescol XL	Pristiq	Triglide
Atacand	Azor	Cymbalta	Lipitor	Rhinocort AQua	Trilipix
Atacand HCT	Beconase AQ	Dexilant	Lipofen	Symlin//Pen	Valturna
Atelvia	Benicar	Edarbi	Micardis	Teveten	Veramyst
atorvastatin	Benicar HCT	Exforge	Micardis HCT	Teveten HCT	Vytorin
Avalide	Betaseron	Exforge HCT	Nexium	Tribenzor	

PHARMACY TRANSITION OF MEDICATIONS



Please complete and submit both pages of this form.

Medications That Require Prior Authorization (PA)

Prior Authorization (PA) Required: This program is designed to require close monitoring of medications with potentially serious adverse effects, prevent medication misuse/abuse, and ensure the appropriate utilization of high cost agents. The PA program requires approval before the medication is covered by AvMed. **We will initiate the PA with your doctor on your behalf if you provide your doctor's information below. Allow two weeks from receipt of all required documentation from your physician. Contact your physician for the status.**

Abilify	Benlysta	Emend	Gilenya	Mugard	Promacta	Selzentry	Tyvaso
Abstral	Betaseron	Emsam	Hepsera	Neumega	Provenge	Serostim	Uloric
Actemra	Brovana	Enbrel	Humira	Neupogen	Proventil HFA	Simponi	Vancocin
adapalene (Differin)	budesonide (Pulmicort Respules)	Endometrin	Incivek	Nplate	Provigil	Soliris	Ventavis
Adcirca	butorphanol tartrate (Stadol)	Epogen	Intron-A	Nuvigil	Quaaliquin	Somatuline Depot	Victrelis
Ampyra	Caphosol	fentanyl citrate (Actiq)	itraconazole (Sporanox)	Omnitrope	Regranex	Stelara	Vimpat
anastrozole (Arimidex)	Celebrex	letrozole (Femara)	IVIG	Orencia	Remicade	Stimate	Xolair
Androderm	Cimzia	flouride	Jevtana	oxandrolone (Oxandrin)	Restasis	sumatriptan Injectable (Imitrex Stat dose)	Xopenex HFA
Androgel	Cinryze	folic acid	Kineret	Pegasys	Retin-A-Micro	Supprelin LA	Xyrem
Aranesp	Crinone	Forteo	Krystexxa	Peg-Intron	Revatio	Sylatron	Yervoy
Arixtra	Daliresp	Fortesta	Leukine	Perforomist	ribavirin (Copegus, Rebetol, Ribapak, ribasphere)	Synagis	Zytiga
Avita	Dificid	Fragmin	Lotronex	Pro-Air HFA	Rituxan	Testim	Zyvox
Avonex	dihydroergotamine (D.H.E. 45)	Fuzeon	Lupron	Prochieve	Sabril	tretinoin (Retin-A)	
Axiron	dronabinol (Marinol)	Gamunex-C	Makena	Procrit	Sancuso	Tysabri	

Your prescribing physician's name and phone number:

Other Brand medications you are taking not identified on this form:

Additional Information

Your pharmacy phone number:

I AUTHORIZE any licensed physician, hospital, clinic or other related facility or provider to release for review my or my enrolled dependent children's (under age 18) medical records to AvMed Health Plans. This authorization includes psychiatric and substance abuse records as well as concurrent inpatient review. By signing this form, you consent to our use and disclosure of protected health information about you or your dependent children for treatment, payment and health care operations.

X _____

Member Signature

Date

If you have any questions regarding this form, please call Member Services at the number listed on the back of your AvMed ID card.