CVS Caremark Specialty Medication Delivery Program

Dear Physician:

Thank you for your interest in participating in AvMed's Specialty Medication Delivery Program. This program is administered through AvMed's exclusive specialty pharmacy, CVS Caremark. Both organizations are committed to a medication delivery program that is simple, efficient and convenient for your office and for our members.

There are many drugs available for your office. These drugs are listed on the *Specialty Medication List* . Once you have elected to enroll in the program, it's as simple as completing the CVS Caremark referral form, faxing it directly to CVS Caremark and the medication will be delivered to your office (all AvMed prior authorization criteria remains in effect).

If you choose to enroll in the <u>Specialty Medication Delivery Program</u>, the following instructions will apply:

1) Complete and fax CVS Caremark Specialty **Rx Referral Form** directly to CVS
   Caremark using the fax number listed on the form.   CVS Caremark will deliver
   the drug(s) to your office *(please allow 48 hours for delivery).*
2) CVS Caremark will bill AvMed for the drug(s).
3) After administration of the drug to our member, your office can submit a claim to
   AvMed for the administration.   Please note that delivery of drug(s) could be delayed if
   all requested information is not provided on the R*eferral RX Form* faxed to <u>CVS
   Caremark</u>.

If you would like to enroll in the <u>Specialty Medication Delivery Program</u> for the drug(s) listed on the attached drug list, please complete and sign the **Specialty Medication Delivery Enrollment Form** attached to this fax. Fax the form to the number listed in the black bar near the bottom of the form. Your office will be notified of the date your enrollment will become effective via return fax.   Please be advised that participation in this program requires that all medications listed on the attached drug list are obtained through CVS Specialty Phamracy. If you choose to not participate in this program then you will no longer be able to order **<u>any</u>** of the listed medications through CVS Specialty Pharmacy.

If you have any questions or would like to discuss the program in more detail, please contact Brenda Mamay in AvMed's Clinical Pharmacy Management Department by calling 352-337-8844.

Sincerely,
Avmed Health Plans

Brenda Mamay

Pharmacy Technician
Clinical Pharmacy Department
AvMed
Direct: 352.337.8844 x40268
Brenda.Mamay@avmed.org

Specialty Medication Delivery Program
Physician Enrollment Form

(If additional physicians in your group want to participate in this program, please copy this form and have each physician submit their own request on a separate copy of this form).

Complete all requested information (please print clearly):

Physician's Name:

Address:

City: **Zip:**

Physicians Telephone #:

Physician's Facsimile #:

Physician's AvMed Provider #:

Physician's DEA #:   **NPI#:**

Physician's Specialty:

Contact Person's Name:

Contact Person's Telephone #:

(if different from physician's)

Contact Person's Fascimile #:

(if different from physician's)

By completion of this form and by my signature below, I am indicating my desire to participate in AvMed Health Plans' Specialty Medication Delivery Program. I agree that all medications on the attached Specialty Medication list will be ordered through CVS Caremark.

I understand that I will not be able to bill AvMed for these drugs upon my enrollment and any claim for medications included in this program will deny if a claim is submitted in error. ***I will be notified of the date my enrollment will become effective by return of this form from AvMed*** *(enrollment could take approximately 2 weeks).*

Physician's Signature (required)**:**

Date Signed (required)**:**

Fax Completed Enrollment Form to 352.337.8737

This section is for AvMed's use only.
Date notified: ☐ Pharmacy Dept.   ☐ CVS Caremark   ☐ Physician

Your enrollment in the **Specialty Medication Delivery Program** will become effective on:

_____.

Use the following form to order replacement drugs from CVS Caremark.