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 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: 352-337-8837**

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.

Date:		Employer Group:	
Member Name:		Date of Birth:	
Member ID or SS:		Daytime Phone Number:	

Please ask your pharmacy for a list of your Medication History and fax it with this form to AvMed. This will expedite the processing of this request.

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 may be required.***

Belbuca	Hydromorphone ER	Nucynta ER	
Butrans	Hyslinga ER	Oxycontin	
Embeda	Methadone	Tramadol ER	
Fentanyl	Morphine ER	Uloric	

Please complete and submit both pages of this form.

Effective 5/1/2019. This list is subject to change prior to the effective date.

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Medications That Need Prior Authorization (PA)

Prior Authorization (PA) Needed: 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.**

Aranesp	Fentanyl Sublingual	Mulpleta	Saxenda*	Tetrabenazine
Aubagio	Forteo	Muse*	Sensipar	Thalomid
Austedo	Ganirelix	Nexavar	Sildenafil*	Tracleer
Belsomra	Genotropin	Nucala	Soliris	Tretinoin
Belviq XR*	Gilenya	Odomzo	Somatuline	Tykerb
Belviq*	Gonal-F*	Ofev	Somavert	Tymlos
Betaserone	Grastek	Opsumit	Sprycel	Uptravi
Bethkis	Harvoni	Oralair	Stelara	Viberzi
Bexarotene	Humatrope	Orenitram	Sutent	Vistogard
Bosulif	Humira	Orfadin	Sylatron	Vosevi
Cabometyx	Hycamtin	Orlissa	Tadalafil*	Votrient
Capecitabine	Ilaris	Otezla	Tarceva	Xeljanz
Cerdela	Imiquimod	Ovidrel*	Tazarac	Xeljanz XR
Cerezyme	Intron A	Pegasys	Tecfidera	Xtandi
Cetrotide	Iressa	Pimecrolimus	Temozolomide	Zarxio
Cevimeline	Isotretinoin	Pomalyst	Testosterone cypionate	Zejula
Copaxone	Itraconazole	Promacta	Testosterone enanthate	Zolinza
Cosentyx	Jublia	Pulmozyme	Testosterone gel	Zolpidem SL
Dofetilide	Kevzara	Ragwitek	Testosterone gel 1.62%	
Dupixent	Kisqali	Rasuvo	Testosterone soln	
Diabetic Test Strips with Insulin Pump**			*Covered for Select Benefits	

Prescriber's name and phone number:

Pharmacy name and phone number:

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

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.

Member Signature Date

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