

PHARMACY TRANSITION OF MEDICATIONS



Complete this form, ONLY if you are taking a medication listed below. One should be completed for EACH member.
Fax To: **352-548-3999**

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

Sales Representative: _____ Employer Group: _____

Employee Name: _____ Employee SS#: _____

Today's Date: _____ 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 Actonel Atacand/HCT Avalide Avapro	Azor Benicar/HCT Boniva Caduet	Cozaar Crestor Diovan Diovan HCT Exforge Fosamax D	Hyzaar Inspra Kapindex Lescol XL Lipitor	Micardis Micardis HCT Nexium Pantoprazole (Protonix) Lanzoprazole (Prevacid)	Symlyn//Pen Teveten Teveten HCT Vancocin Vytorin Zegerid
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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.**

Actiq	Adderall/XR	Androderm	Androgel	Aranesp	Byetta
Caphosol	Celebrex	Cimzia	Concerta	Crinone	Daytrana
Desoxyn	Dexedrine	Enbrel	Fentora	Focalin XR	Forteo
Fragmin	Hepsera	Humira	Imitrex Injs	Intron-A	IVIG
Leukine	Lovenox	Lupron	Marinol	Neumega	Neupogen
Omnitrope	Orencia	Oxandrin	Pegasys	Peg-Intron	Procrit
Promacta	Provigil	Remicade	Restasis	Revatio	Ribavirin
Ritalin LA	Rituxan	Sandostatin	Selzentry	Serostim	Simponi
Sporanox	Stelara	Synagis	Tobi	Topamax	Tysabri
Uloric	Vyvanse	Xyrem	Xyzal	Xolair	Zyvox

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:

If you have any questions regarding this form, please call Member Services at **1-800-882-8633**.

MP-5652(4/10)