



Clinical Pharmacy Management
Transition of Medications Form

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 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 <https://www.avmed.org/web/guest/preferred-medication-lists>

Complete this form ONLY if you are taking a medication listed in the next page. You must submit one form per family member but you may include multiple drugs for one person in one request. Once completed, please send via fax to **352-337-8837**.

If AvMed requires additional clinical information, we will request records on your behalf from the doctor’s information you provide below. Allow up to two weeks to receive required documentation from your physician.

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:		Phone Number:	
Prescriber’s Name:		Prescriber’s Phone Number:	
Drug(s):			



The following list of medications is subject to Prior Authorization (PA) or Progressive Medication Program (PMP) management. Medications are listed in alphabetical order.

abiraterone	ERLEADA	NAYZILAM	tadalafil
adapalene	erlotinib	NEXLETOL	TAKHZYRO
ADEMPAS	ESBRIET	NEXLIZET	TEGSEDI
AIMOVIG	everolimus	NINLARO	temozolomide
AJOVY	FASENRA	nitisinone	testosterone
ALECENSA	fentanyl transdermal	NIVESTYM	tetrabenazine
alose tron	fentanyl transmucosal	NORDITROPIN	THALOMID
ALUNBRIG	lozenge	NUBEQA	tobramycin inhalation soln
ambrisentan	FIRAZYR	NUCALA	tramadol ext-rel
ANDRODERM	FORTEO	NUCYNTA ER	TREMFYA
ARANESP	GENOTROPIN	NURTEC ODT	tretinoin
AUBAGIO	GILENYA	ODOMZO	TYMLOS
AUSTEDO	HARVONI	OFEV	UBRELVY
BAQSIMI	HUMIRA	OPSUMIT	UPTRAVI
BELBUCA	HYCAMTIN	ORENITRAM	VALTOCO
BELSOMRA	hydrocodone ext-rel	ORILISSA	VIBERZI
BETASERON	hydromorphone ext- rel	OTEZLA	vigabatrin
bexarotene caps	IBRANCE	PEGASYS	VISTOGARD
bosentan	ILARIS	pimecrolimus	VOSEVI
BOSULIF	imatinib mesylate	POMALYST	VOTRIENT
buprenorphine transdermal	imiquimod	PRALUENT	VUMERITY
CABOMETYX	INBRIJA	PULMOZYME	XCOPRI
capecitabine	INGREZZA	RASUVO	XELJANZ
CERDELGA	INTRON A	REBIF	XELJANZ XR
CEREZYME	IRESSA	RETACRIT	XOSPATA
cevimeline	isotretinoin	REVLIMID	XTAMPZA ER
cinacalcet	itraconazole	REYVOW	XTANDI
clindamycin/ benzoyl peroxide	KALETRA	ribavirin	YONSA
COPAXONE	KESIMPTA	RINVOQ	ZEJULA
COPIKTRA	KISQALI	RUBRACA	ZEPOSIA
COSENTYX	KISQALI FEMARA	RYDAPT	ZIEXTENZO
dimethyl fumarate	CO-PACK	sapropterin	ZOLINZA
delayed-rel	lapatinib	sildenafil	zolpidem sublingual
dofetilide	luliconazole	SKYRIZI	
DOPTELET	LYNPARZA	SOLIRIS	
DUPIXENT	MAYZENT	SOMATULINE	
EMGALITY	methadone	DEPOT	
ENBREL	morphine ext-rel	SPRYCEL	
EPCLUSA	MOZOBIL	STELARA	
ERIVEDGE	MUGARD	SUBSYS	
	MULPLETA	SUNOSI	
		SUTENT	