

AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-305-671-0200.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested (select one below): Non-Preferred Albuterol Inhalers

<input type="checkbox"/> albuterol HFA (generic ProAir [®] HFA)	<input type="checkbox"/> albuterol HFA (generic Proventil [®] HFA)
<input type="checkbox"/> albuterol HFA (generic Ventolin [®] HFA)	<input type="checkbox"/> levalbuterol HFA (generic Xopenex [®])
<input type="checkbox"/> ProAir [®] Digihaler/HFA/Resplick (albuterol sulfate)	<input type="checkbox"/> Proventil [®] HFA (albuterol sulfate)

NOTE: Ventolin[®] HFA is AvMed's **Preferred Inhaler**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

For Approval of any Non-Preferred albuterol/levalbuterol inhaler:

Member must have an intolerance or contraindication to Ventolin[®] HFA (albuterol sulfate)

(Continued on next page)

AND

- ❑ Provider **MUST** submit clinical chart notes or a completed MedWatch form documenting the experienced treatment failure with brand Ventolin[®] HFA (albuterol sulfate)

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.