AvMed

MAXIMUM DAILY DOSAGE LIMIT EXCEPTIONS 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.**

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: _____

❑ **Newly Prescribed Therapy** **OR** ❑ **Refill Therapy**

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

If diagnosis is pain, is this cancer pain? ❑ Yes ❑ No

CLINICAL REASON FOR DOSAGE REQUESTED: Information **MUST** be provided below or authorization process will be delayed. Attach ALL chart notes/documentation to this request.

_____

_____

_____

PREVIOUS THERAPIES FAILED AND/OR THERAPIES CURRENTLY USED IN COMBINATION WITH THE REQUESTED MEDICATION: List **ALL** medications tried or authorization process will be delayed.

_____

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(Continued on next page)

Is the prescribed dose higher than the maximum dose recommendation in FDA-approved labeling (i.e., the package insert)?	❑ **Yes** ❑ **No**

If Yes, please provide documentation to support the safety and efficacy of the higher dose (such as evidence from practice guidelines or clinical trials from peer-reviewed medical literature). Attach additional pages if necessary.

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.