

Authorization Process

Prescription Medication Requirements:

Certain prescription medications require prior authorization from AvMed. You may be prescribed a medication that is covered only for certain conditions, exceeds the covered quantity limits or the maximum allowable dose indicated by the manufacturer.

In order to request a Medication Exception, your prescribing practitioner must complete and submit a Medication Exception Request (MER) form to AvMed along with the written documentation, including office or hospital notes, diagnostic or laboratory test results and any other information specific to the request. Once the request is received along with the appropriate documentation the case will be reviewed and a coverage determination will be made. Your practitioner will be notified of the approval. If the request is denied, the practitioner will be notified and you will be notified in writing.

AvMed providers have the [MER forms](#) in the office but you may print out the form and take it to your physician to start this process.

Other Medical Services:

AvMed Health Plans has minimal prior authorization requirements for other services. Visits to a participating specialist do not require prior authorization from AvMed. Your practitioner will only need to request prior authorization for the services listed below. Although prior authorization may not be required, certain benefits have dollar or visit limitations. Contact Member Services to get specific information about your benefits.

- Inpatient Hospitalizations (Acute, Observation, Skilled Nursing, and Rehabilitation admissions)
- Outpatient Surgery (including cardiac catheterization and angioplasty procedures)*
- Complex Radiology Procedures
- Diagnostic testing facilities for Complex Radiological Procedures (CT, MRI, MRA, and Pet Scans)*
- Outpatient Infusion Services and Injection Therapy*
- Hemodialysis
- Home Health Care*
- Transplant Services
- The following drugs when provided in the physicians' office:
 - Procrit, Epogen, Neulasta, Aranesep, IVIG, infusion only, Remicade, Alefacept, and Synagis

- Non-Participating Physician, Facility, and Ancillary Providers*
- Nuclear Cardiac and Nuclear Medicine studies

*These services do not require authorization for Members who are covered on our Choice Plan or for those members who are electing to utilize their Point of Service (POS) benefit, which allows them to seek services from non-participating providers.

Your treating physician must initiate the authorization process. Once the request is received along with the appropriate documentation the case will be reviewed and a coverage determination will be made. Your practitioner will be notified of the approval. If the request is denied, the practitioner will be notified and you will be notified in writing.