



Phone: 866-643-6681



# MEDICATION EXCEPTION REQUEST FORM

Date of Submission:

Action Needed:  Routine  Urgent  Emergent

### Request for all other medications:

Verbal Prior Authorization may be processed by calling 1-866-643-6681

\*\*\* Hepatitis C and Growth Hormone medications are not available via the verbal PA process.

OR

Fax

### Request for any medication below:

Actemra	Leukine	Procrit	Synagis
Aranesp	Lupron Depot	Remicade	Tysabri
Cinryze	Neumega	Rituxan (RA)	Xolair
Epogen	Neupogen	Soliris	
Intron-A	Nplate	Stelara	
IVIG	Orencia	Supprelin LA	

• Complete and fax to Catalyst Rx at 888-852-1832

• Complete and fax to AvMed at 800-552-8633

### PATIENT INFORMATION

Member ID	Date of Birth	Is Member Pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member Name	Height	Weight	
Diagnosis	Diagnosis (ICD-9) Code		

### DELIVERY INFORMATION: PLEASE CHECK APPLICABLE BOX

- In-office (MD to supply and administer)
  - Retail pharmacy Pickup
  - Facility (i.e. out-patient)
  - CuraScript – patient delivery (home health)
  - CuraScript – patient delivery (self inject)
  - CuraScript – MD office delivery
- Facility Name / AvMed ID \_\_\_\_\_

### ADDITIONAL MEDICATION INFORMATION

Drug Name	Quantity
Directions for Use	<input type="checkbox"/> New Therapy <input type="checkbox"/> Continuation of Therapy
If Continuation of therapy, indicate the member's therapeutic response:	
Duration of Therapy	Procedure Code
Reason for Request	

### ADDITIONAL MEDICAL INFORMATION

Please list alternative therapies previously tried and failed, including dose, length of therapy and adverse outcome:

**MUST ATTACH OFFICE NOTES AND CURRENT LAB RESULTS.**  
*Incomplete forms and/or inadequate documentation may result in denial.*

### PHYSICIAN INFORMATION

Physician Name	Physician Specialty
NPI #	AvMed Provider #
Phone Number	Fax Number
Office Contact Name	Physician Signature

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**PROTON PUMP INHIBITORS, ARBS, STATINS, CELEBREX**

List alternative therapies previously tried and failed, including dose, length of therapy and adverse outcome:

Blank lines for text entry.

**SPORANOX, PENLAC**

Provide lab exam results that confirm presence of dermatophytes & documentation of other underlying conditions/diagnoses present:

Blank lines for text entry.

**ANDRODERM, ANDROGEL**

Provide lab exam results with baseline testosterone levels:

Blank lines for text entry.

**RESTASIS**

List alternative therapies previously tried and failed as well as prescribing physician specialty:

Blank lines for text entry.

**TOPAMAX**

Provide diagnosis and documentation of successful therapy:

Blank lines for text entry.

**CIMZIA, ENBREL, HUMIRA (PREFERRED), SIMPONI (PREFERRED)**

Provide diagnosis, progress notes, appropriate labs (if applicable), previous tried/failed therapies and documentation of successful therapy:

Blank lines for text entry.

**RIBAVIRIN AND PEG-INTRON (HEP C MEDS) NOT AVAILABLE BY VERBAL PA**

Provide lab results (HCV RNA viral load, liver biopsy, liver enzymes, INR and genotype); medications to be reviewed together:

Blank lines for text entry.

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