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.**

Oral Proton Pump Inhibitors (PPI) Drugs (Non-Preferred)

Drug Requested: (Select one below)

❑ **dexlansoprazole** (Dexilant®)	❑ **omeprazole/sodium bicarbonate** (generic Zegerid®) ❑ capsules ❑ powder packets	❑ **Voquezna®** (vonoprazan)

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.

(Continued on next page)

- ❑ Member has tried and failed **30 day trials** of **four (4) generic PPIs** from the following:
  - ❑ esomeprazole 20 or 40 mg
  - ❑ lansoprazole 15 or 30 mg
  - ❑ omeprazole 10, 20 or 40 mg
  - ❑ pantoprazole 20 or 40 mg
  - ❑ rabeprazole 20 mg

Member will be required to try the prior drug therapy for a time period of 30 days before moving to the requested step-edit drug.

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.*

***Approved by Pharmacy and Therapeutics Committee**:
***REVISED/UPDATED/REFORMATTED**: ~~10/26/2010; 6/2/2011; 6/14/2011; 6/16/2011; 9/16/2011; 10/5/2011; 10/25/2011; 2/16/2012; 2/29/2012; 7/1/2012; 8/16/2012; 7/13/2013; 3/20/2014; 11/20/2014; 12/30/2014; 5/22/2015; 6/18/2015; 11/19/2015; 12/28/2015; 2/9/2016; 3/22/2016; 3/30/2016; 6/22/2016; 10/1/2016; 12/19/2016; 8/16/2017; 11/24/2017; 1/23/2018; 3/31/2018; 6/19/2019; 3/17/2022;3/25/2022; 10/27/2023;~~ **1/22/2024**