

# 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 of the following)

|   |  |
|---|--|
| <input type="checkbox"/> pitavastatin (Livalo®) | <input type="checkbox"/> Zypitamag® (pitavastatin) |
|---|--|

**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.

- Member failed to reach LDL-cholesterol goals with a trial of **ONE** of the following: pravastatin, atorvastatin, rosuvastatin, fluvastatin, simvastatin, or ezetimibe-simvastatin for **30 days** (verified by chart notes or pharmacy paid claims).

*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 Therapeutic Committee:

REVISED/UPDATED: 1/20/11; 3/30/2011; 6/14/2011; 8/22/2011; 9/13/2011; 12/1/2011; 7/2/2012; 7/17/2012; 8/17/2012; 10/11/2012; 10/17/2013; 11/20/2013; 11/6/2014; 5/22/2015; 12/23/2015; 12/20/2016; 8/23/2017; 2/15/2019; 08/12/2022; 10/27/2023, 2/12/2024