

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 applicable drug below)

<input type="checkbox"/> Soliqua [®] (insulin glargine and lixisenatide injection)	<input type="checkbox"/> Xultophy [®] (insulin degludec and liraglutide injection)
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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 must have trial and failure of **BOTH** the following medication classes (**verified by chart notes and/or pharmacy paid claims**):
 - Member has tried and failed at least **30 days** of therapy with **at least one** preferred **GLP-1 Receptor Agonist** medication (e.g., Ozempic, Trulicity). Please specify previously failed therapy:

(Continued on next page)

- Member has tried and failed at least **30 days** of therapy with **at least one** preferred **Long-Acting Insulin** medication:

<input type="checkbox"/> Lantus®	<input type="checkbox"/> Toujeo®	<input type="checkbox"/> Tresiba
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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.