

MEDICARE MEDICATION PRIOR AUTHORIZATION REQUEST FORM



Date of Submission: _____

For a complete list of list of all medications that require a prior authorization, please visit AvMed' website at <https://www.avmed.org/web/guest/preferred-medication-lists>

- For medications administered in the in the physician's office, participating facility or in the home by a healthcare practitioner please select the "[PA Requirements – Office, Facility, Home Health](#)" link
- For medication obtained at the pharmacy please select the appropriate formulary based on the member's enrollment.

PATIENT INFORMATION			
Member ID	A	Date of Birth	Is Member Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Member Name		Height	Weight
Diagnosis		Diagnosis (ICD-10) Code	

Delivery – Administration information	
<input type="checkbox"/> Retail Pharmacy Pickup	<input type="checkbox"/> Hospital – Outpatient Facility:
<input type="checkbox"/> In-office (MD to supply and administer)	<input type="checkbox"/> Non-Hospital Facility - Infusion Suite:
<input type="checkbox"/> In-Office Delivery (Specialty Delivery Program Forms) note:	If you are requesting medication delivery to your office, enrollment in the Specialty Delivery Program is required

ADDITIONAL MEDICATION INFORMATION **FAX 305-671-0189**
Please attach all Office Notes and Current Lab Results
Incomplete forms and/or inadequate documentation may result in a denial

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			

PHYSICIAN INFORMATION			
Prescriber Name		Prescriber Specialty	
Form Completed By		AvMed Provider Id #	
NPI #		Office Number	Ext
Contact Name		Fax Number	

Please remember to review and complete all fields on this form and include appropriate Office Notes and Labs with all requests
Fax completed form to AvMed at 1-877-535-1391 or 305-671-0189