

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.**

Non-Preferred Insulins

Drug Requested: Select one from below

Rapid-acting Insulin Products		
☐ Admelog[®] (insulin lispro) vial/SoloStar [®]	☐ Apidra[®] (insulin glulisine) vial/SoloStar [®]	☐ Fiasp[®] (insulin aspart) vial/FlexTouch [®] /PenFill [®] /PumpCart [®]
☐ insulin aspart vial/cartridge/pen (Novolog ABA)	☐ insulin lispro vial/pen/Jr pen (Humalog/Humalog Jr ABA)	☐ Kirsty[™] (insulin aspart-xjhz) vial/pen
☐ Lyumjev[®] (insulin lispro-aabc) vial/KwikPen [®]	☐ Merilog[™] (insulin aspart-szjj) vial/SoloStar [®]	☐ Novolog[®] (insulin aspart) vial/FlexPen [®] /PenFill [®]
Regular or short-acting Insulin Products		
☐ Novolin[®] R (Regular, Human Insulin) vial/FlexPen [®]		
Intermediate-acting Insulin Products		
☐ Novolin[®] N (NPH, Human Insulin) vial/FlexPen [®]		
Long-acting Insulin Products		
☐ Basaglar[®] (insulin glargine) KwikPen [®]	☐ insulin degludec vial/pen (Tresiba ABA)	☐ insulin glargine vial/SoloStar[®] (Lantus ABA)
☐ insulin glargine SoloStar[®]/Max SoloStar[®] (Toujeo SoloStar [®] ABA)	☐ Levemir[®] vial/FlexTouch [®]	☐ Semglee[®] (insulin glargine-yfgn) vial/pen
Combination Insulin Products:		
☐ insulin aspart protamine suspension/insulin aspart mix 70/30 vial/FlexPen[®] (Novolog Mix ABA)	☐ insulin lispro 75/25 mix KwikPen[®] (Humalog Mix ABA)	☐ Novolin[®] 70/30 (70% NPH, Human Insulin Isophane Suspension & 30% Regular, Human Insulin) vial/FlexPen [®]
☐ Novolog[®] Mix 70/30 (70 % insulin aspart protamine suspension & 30% insulin aspart) vial/FlexPen [®]		

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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: _____
NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____
Dosing Schedule: _____ Length of Therapy: _____
Diagnosis: _____ ICD Code, if applicable: _____
Weight (if applicable): _____ Date weight obtained: _____

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.

☐ **For Novolin[®] Brand, Mix or ABA products, the following criteria must be met:**

- ☐ Member has tried and failed at least **30 days** of therapy with a Humulin[®] product

☐ **For Admelog[®], Apidra[®], Fiasp[®], insulin aspart, insulin lispro, Kirsty[™], Lyumjev[®], Merilog[™] and Novolog[®] Brand, Mix or ABA products, all the following criteria must be met:**

- ☐ Member must have a **30-day trial** and failure or intolerance to brand Humalog[®]
☐ Provider must submit clinical chart notes or a completed MedWatch form documenting the experienced treatment failure or intolerance to brand Humalog[®]

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☐ For Basaglar[®], insulin degludec, insulin glargine, Levemir[®] and Semglee[®] Brand or ABA products, the following criteria must be met:

- ☐ Member has tried and failed at least **30 days** of therapy with **ONE** of the following
 - ☐ Lantus[®]
 - ☐ Toujeo[®]
 - ☐ Tresiba[®]

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.****