



## AVMED HEALTH PLAN

### MEDICARE MEDICAL DRUG PRIOR AUTHORIZATION REQUEST

DATE OF REQUEST: \_\_\_\_\_

PRIORITY:  Standard  Urgent

**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 1-305-671-0189**. No additional phone calls will be necessary if all information (including phone and fax numbers) on this form is correct. If information provided is not complete, correct, or legible, authorization may be delayed.

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

Member Name: \_\_\_\_\_

Member #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

**DELIVERY/ADMINISTRATION INFORMATION:** Authorization may be delayed if incomplete.

- In-office (MD will supply and administer)
- Home Health Provider
- Outpatient Facility (Name of Facility \_\_\_\_\_ Phone Number: \_\_\_\_\_)
- Infusion Suite (Name of Facility \_\_\_\_\_ Phone Number: \_\_\_\_\_)

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Name: \_\_\_\_\_

Drug Strength: \_\_\_\_\_ Route of Administration: \_\_\_\_\_ Dosage Quantity: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_

HCPCS/J-Code: \_\_\_\_\_

Length of Therapy: \_\_\_\_\_

*If continuation of therapy, please indicate therapeutic response:* \_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_

**Please review and complete ALL fields on this form. Appropriate chart notes (including relevant lab work) MUST be submitted with ALL authorization requests. Previous therapies will be verified through pharmacy claims or submitted chart notes. Use of samples to initiate therapy does not meet the step therapy or preauthorization criteria.**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient, you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received this fax in error, please immediately notify the sender by telephone and destroy this original fax message.