# 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: Exxua™** (gepirone)

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

**Member Name:** _____

**Member Sentara #:** _____ **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 Name/Form/Strength:** _____

**Dosing Schedule**: _____ **Length of Therapy**: _____

**Diagnosis:** _____ **ICD Code, if applicable:** _____

**Weight (if applicable):** _____ **Date weight obtained:** _____

**Recommended Dosage:** One tablet per day. Maximum dosage: 72.6 mg once daily.

**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 is 18 years of age or older and meets **ONE** of the following dosing requirements:
  - ❑ 18 to 64 years of age, maximum daily dose is 72.6 mg per day
  - ❑ ≥ 65 years of age, maximum daily dose is 36.3 mg per day
- ❑ Prescribed by or in consultation with a mental health clinician
- ❑ Member has a diagnosis of major depressive disorder (MDD) as defined by DSM-5 criteria and/or appropriate depression rating scale (e.g. PHQ-9, Clinically Useful Depression Outcome Scale, Quick Inventory of Depressive Symptomatology-Self Report 16 Item, MADRS, HAM-D) **(scale must be attached)**

**(Continued on next page)**

- ❑ Member has failed non-pharmacological interventions such as cognitive behavioral therapy or interpersonal psychotherapy **(submit documentation)**
- ❑ Provider attests that member has been screened for personal and/or family history of bipolar disorder, mania, and hypomania
- ❑ Provider attests an electrocardiogram (ECG) will be performed before starting treatment, during dosage titration, and periodically during treatment
- ❑ Provider attests electrolyte abnormalities will be corrected prior to initiation
- ❑ Provider attests members with electrolyte abnormalities, who are receiving diuretics or glucocorticoids, or have a history or hypokalemia or hypomagnesemia will be monitored during dose titration and periodically during treatment
- ❑ Member does **NOT** have any of the following:
  - Hypersensitivity to gepirone or any component of the requested medication
  - Prolonged QTc interval greater than 450 msec
  - Congenital long QT syndrome
  - Use of strong CYP3A4 inhibitors
  - Severe liver problems
- ❑ Member will **NOT** take a monoamine oxidase inhibitor (MAOI) within 14 days of taking Exxua™
- ❑ Member has tried and failed **THREE (3)** formulary antidepressants, including one (1) selective serotonin reuptake inhibitor (SSRI), one (1) serotonin-norepinephrine reuptake inhibitor (SNRI), and one (1) other agent (e.g., bupropion, mirtazapine, TCA) for at least **30 days** **(verified by chart notes and/or pharmacy paid claims)**
- ❑ Member has tried and failed **ONE (1)** other pharmacotherapy for combination or augmentation (e.g., lithium, liothyronine, buspirone, antipsychotics, anticonvulsants) for at least **30 days** **(verified by chart notes and/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.****