

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: Blujepa (gepotidacin)

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 Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

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

Recommended Dosage:

- uUTI: 1500 mg (two 750 mg tablets) taken orally, twice daily (approximately 12 hours apart) for 5 days
- Gonorrhea: 3,000 mg (four 750 mg tablets) taken orally, followed by a second dose of 3,000 mg (four 750 mg tablets) approximately 12 hours later

Quantity Limit: 20 tablets per 30 days

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.

Diagnosis: uncomplicated urinary tract infections (uUTI)

Length of Authorization: Date of Service

- Member is 12 years of age or older and weighs at least 40 kg

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- Member has a diagnosis of uncomplicated urinary tract infections (uUTI) caused by the following susceptible microorganisms: *Escherichia coli*, *Klebsiella pneumoniae*, *Citrobacter freundii* complex, *Staphylococcus saprophyticus*, and *Enterococcus faecalis*
- Lab cultures must show that bacteria is sensitive to Blujepa (**submit documentation**)
- Provider must submit chart notes documenting trial and failure of **ALL** the following oral antibiotics unless intolerant or bacteria is drug resistant (**submit documentation**):
 - sulfamethoxazole-trimethoprim
 - nitrofurantoin
 - ciprofloxacin or levofloxacin
 - amoxicillin-clavulanate
 - cephalexin
 - cefdinir

Diagnosis: uncomplicated urogenital gonorrhea

Length of Authorization: Date of Service

- Member is 12 years of age or older and weighs at least 45 kg
- Member has a diagnosis of uncomplicated urogenital gonorrhea (including mucopurulent discharge)
- Lab cultures must show positive laboratory test for *Neisseria gonorrhoeae* (**submit documentation**)
- Provider must submit chart notes documenting trial and failure of **ALL** the following antibiotics within the last 180 days (**submit documentation**):
 - Oral azithromycin
 - Oral doxycycline
 - IM ceftriaxone ***requires prior authorization for claims adjudication under the pharmacy benefit***
 - IM gentamicin ***requires prior authorization for claims adjudication under the pharmacy benefit***

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.****