

HYPOGLYCEMICS, INCRETIN ENHANCERS (DPP-4 inhibitors) PRIOR AUTHORIZATION FORM

Prior authorization guidelines and quantity limits for **Hypoglycemics, Incretin Mimetics/Enhancers** and **Quantity Limits/Daily Dose Limits** accessible on the Department's Pharmacy Services website at <http://www.dhs.pa.gov/provider/pharmacyservices/index.htm>.

PRIOR AUTHORIZATION INFORMATION			PRESCRIBER INFORMATION		
<input type="checkbox"/> New request	<input type="checkbox"/> Additional info	# of pages in request: _____	Prescriber name: _____		
<input type="checkbox"/> Renewal request	(PA# _____)				
Name of office contact: _____			Specialty: _____		
Contact's phone number: _____			State license #: _____		
LTC facility contact/phone: _____			NPI: _____	MA Provider ID#: _____	
RECIPIENT INFORMATION			Street address: _____		
Recipient Name: _____			Suite #: _____	City/state/zip: _____	
Recipient ID#: _____	DOB: _____	Phone: _____	Fax: _____		

CLINICAL INFORMATION

Preferred medication requested (clinical prior authorization required):		<input type="checkbox"/> Jentaduo tablet	<input type="checkbox"/> Onglyza tablet
		<input type="checkbox"/> Kombiglyze XR tablet	<input type="checkbox"/> Tradjenta tablet
Non-preferred medication requested:		<input type="checkbox"/> Glyxambi tablet	<input type="checkbox"/> Januvia tablet
		<input type="checkbox"/> Janumet tablet	<input type="checkbox"/> Nesina tablet
		<input type="checkbox"/> Janumet XR tablet	<input type="checkbox"/> Oseni tablet
Strength: _____	Dose/directions: _____	Quantity: _____	Refills: _____
Diagnosis (<i>submit documentation</i>): _____		DX code (<i>required</i>): _____	
Serum creatinine (<i>submit documentation</i>): _____	Date of SCr result: _____	Recipient's weight: _____ lb / kg	

Requests for ALL agents (except Kombiglyze XR and Onglyza)

1. Does the Recipient have a history of, or currently experiencing, symptoms of pancreatitis?	<input type="checkbox"/> Yes – <i>submit documentation.</i> <input type="checkbox"/> No
---	---

All NON-PREFERRED requests

2. Does the Recipient have a history of trial and failure, contraindication, or intolerance of the preferred Incretin Enhancers? <i>Check all that apply.</i>	<input type="checkbox"/> Yes – <i>submit all supporting documentation of preferred agents tried and treatment outcomes, including contraindications or intolerances.</i> <input type="checkbox"/> No
<input type="checkbox"/> Jentaduo tablet <input type="checkbox"/> Onglyza tablet	
<input type="checkbox"/> Kombiglyze XR tablet <input type="checkbox"/> Tradjenta tablet	

All INITIAL requests

3. What is the Recipient's baseline hemoglobin A1c (HbA1c)? _____	Date of result: _____ <i>Submit documentation.</i>
4. Does the Recipient have a history of trial and failure, contraindication, or intolerance of maximum tolerated doses of metformin in combination with maximum tolerated doses of a sulfonyleurea?	<input type="checkbox"/> Yes – <i>submit all supporting documentation of preferred agents tried and treatment outcomes, including contraindications or intolerances.</i> <input type="checkbox"/> No
5. Is the Recipient currently using insulin?	<input type="checkbox"/> Yes – <i>submit documentation of insulin regimen.</i> <input type="checkbox"/> No
6. Kazano, Nesina, and Oseni requests: <i>Submit documentation</i> of Recipient's recent liver function test (LFT) results.	
7. Oseni requests: Does the Recipient have either of the following medical conditions? <i>Check all that apply and submit documentation.</i>	
<input type="checkbox"/> bladder cancer (past or present) <input type="checkbox"/> heart failure	

All RENEWAL requests

1. What is the Recipient's baseline hemoglobin A1c (HbA1c)? _____	Date of result: _____	<i>Submit documentation.</i>
2. What is the Recipient's recent hemoglobin A1c (HbA1c)? _____	Date of result: _____	<i>Submit documentation.</i>

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature: _____	Date: _____
-----------------------------	-------------

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.