

Pharmacy Prior Authorization Form

Last Reviewed: Nov 09

For Prior Authorization please fax to: (877)974-4411 toll free, or (616)942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Januvia (sitagliptin)/Byetta (exenatide)/Onglyza (saxagliptin)

Urgent Non-urgent

| | |
|-------------------------------|-----------------|
| Member Name: | Member #: |
| DOB: | Gender: |
| Provider Name: | Provider Phone: |
| Provider Office Address: | |
| Provider Office Contact Name: | Provider Fax: |
| Provider Signature: | Provider NPI: |
| Date: | Member's PCP: |

Medication and Requested Dose:

- | | | |
|---|--|--|
| <input type="checkbox"/> Januvia 100mg once daily (CrCl >50ml/min) | <input type="checkbox"/> Onglyza 2.5mg | <input type="checkbox"/> Byetta 5mcg/0.02ml |
| <input type="checkbox"/> Januvia 50mg once daily (CrCl 30-50ml/min) | <input type="checkbox"/> Onglyza 5mg | <input type="checkbox"/> Byetta 10mcg/0.04ml |
| <input type="checkbox"/> Januvia 25mg once daily (CrCl <30ml/min) | | |

Priority Health precertification requirements:

Authorization requires:

- Diagnosis of type 2 diabetes
- Documented therapeutic trial of at least 1500 mg or maximally effective &/or tolerated dose of metformin per day for at least 3 months within the past 4 months
- Member must **not** be receiving insulin

Please Complete the Following Information:

- Type 2 diabetes
- Patient is taking at least 1500 mg of metformin per day for 3 of the past 4 months
- OR**
- Is on maximally effective &/or tolerated dose of metformin (less than 1,500mg for at least 3 of the last 4 months)
- Patient has contraindication to, allergy to, renal impairment (CLcr < 60-70 ml/min) or cannot tolerate metformin
- Other rationale if the above criteria are not met: _____

Note:

Januvia/Byetta/Onglyza is not FDA-approved to be used in combination with insulin therapy. Authorization will not be granted if the patient is taking insulin.

Is the patient using insulin? Yes No

*** All fields must be complete and legible for Prior Authorization Review***

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YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX