

Pharmacy Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial (Individual/Optimized)**

Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Byetta (exenatide), **Bydureon** (exenatide extended-release), **Adlyxin** (lixisenatide), **Trulicity** (dulaglutide), **Victoza** (liraglutide), **Ozempic** (semaglutide)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Provider: _____

Prov. Phone: _____ Prov. Fax: _____

Provider Address: _____

Provider NPI: _____ Contact Name: _____

Provider Signature: _____

Date: _____

Product Information

New request Continuation request

Preferred Drug product: Trulicity
 Bydureon Pen
 Bydureon Bcise
 Byetta
 Ozempic

Start date (or date of next dose): _____

Dose Requested: _____

Non- Preferred Drug product: Adlyxin
 Victoza

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Trial and failure, or intolerance to at least one preferred product (see above).

Priority Health Precertification Documentation

A. Which of the preferred products has the patient previously tried?

- Trulicity
- Bydureon Pen
- Bydureon Bcise
- Byetta
- Ozempic
- Other; rationale for use: _____

B. Does the patient have clinical atherosclerotic cardiovascular disease (ASCVD)?

- No
- Yes; which of the following, if any, does the patient have a history of?

Date of Diagnosis: _____

- Acute Coronary Syndrome
- History of myocardial infarction
- Stable or unstable angina
- Coronary or other arterial revascularization
- Stroke
- Transient Ischemic Attack (TIA)
- Peripheral arterial disease presumed to be of atherosclerotic origin

C. Is the patient currently using metformin

- Yes
- No; rationale: _____

D. Does the patient have renal failure?

- No
- Yes; rationale: _____