

Pharmacy Prior 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.

Soliqua[®] (insulin glargine/lixisenatide)

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

Drug product: Soliqua 100/33
(100 units/mL insulin glargine /
33 mcg/mL lixisenatide)

Start date (or date of next dose): _____

Date of last dose (if applicable): _____

Dose: _____

Frequency: _____

Precertification Requirements

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

1. Meets the current prior authorization criteria for a formulary GLP-1 agonist (e.g., Byetta, Bydureon, Adlyxin, Tanzeum, Trulicity, or Victoza) which includes *all* of the following:
 - Diagnosis of type 2 diabetes mellitus (T2DM)
 - Trial and failure, or intolerance to at least 2 *generic* oral antidiabetic agents or insulin after 3 continuous months of receiving maximal daily doses and not achieved adequate glycemic control
 - Hemoglobin A1c less than or equal to 9%, but not less than 7%
 - Age greater than or equal to 18 years
2. Patient will not be using Soliqua 100/33 in combination with another GLP-1 receptor agonist or basal insulin.
3. Patient does not require a daily insulin glargine dose (or equivalent) below 15 units or over 60 units.

Priority Health Precertification Documentation

A. Does the patient have a current prior authorization approval on file for a formulary GLP-1 agonist (e.g., Byetta, Bydureon, Adlyxin, Tanzeum, Trulicity, or Victoza)?

- Yes, please skip to question E.
 No, please answer all remaining questions.

B. What condition is this drug being requested for?

- Type 2 diabetes
 - Other – the patient’s condition is: _____
- Rationale for use: _____

C. What other treatments has the patient tried?

- | | | | |
|--|----------------------------------|--|-----------------|
| <input type="checkbox"/> Metformin | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Glipizide | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Glimepiride | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Glyburide | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Pioglitazone | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Aloglitin | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Lantus | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Levemir | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Humalog | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Novolog | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Humulin | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Novolin | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |
| <input type="checkbox"/> Others: _____ | <input type="checkbox"/> Current | <input type="checkbox"/> Discontinued, Reason: _____ | Duration: _____ |

D. What is the patient’s most recent Hemoglobin A1c?

- Date _____ Result _____
 - Other – the patient’s condition is: _____
- Rationale for use: _____

E. Will the patient be using Soliqua in combination with another GLP-1 receptor agonist or basal insulin?

- No
- Yes, Rationale for use: _____

F. Does the patient require a daily insulin glargine dose (or equivalent) below 15 units or over 60 units?

- No
- Yes, Rationale for use: _____