

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.

Victoza[®] (liraglutide) / Tanzeum[®] (albiglutide)

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: Victoza 18mg/3ml
 Tanzeum 30mg
 Tanzeum 50mg

Start date (or date of next dose): _____

Dose Requested: _____

Precertification Requirements

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

1. Diagnosis of type 2 diabetes (not covered for Type 1)
2. Trial and failure, or intolerance to at least 2 oral antidiabetic agents or insulin after 3 continuous months of receiving maximal daily doses and not achieved adequate glycemic control (i.e. A1c > 7%).
3. Hemoglobin A1c less than or equal to 9%, but not less than 7%.
4. Age greater than or equal to 18 years.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

Type 2 diabetes

Other – the patient's condition is: _____

Rationale for use: _____

B. 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"/> Januvia	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued, Reason _____	Duration: _____
<input type="checkbox"/> Janumet	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued, Reason _____	Duration: _____
<input type="checkbox"/> Tradjenta	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued, Reason _____	Duration: _____
<input type="checkbox"/> Invokana	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued, Reason _____	Duration: _____

<input type="checkbox"/> Invokamet	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued, Reason _____	Duration: _____
<input type="checkbox"/> Farxiga	<input type="checkbox"/> Current	<input type="checkbox"/> Discontinued, Reason _____	Duration: _____
<input type="checkbox"/> Xigduo	<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: _____

**Insulin has not achieved adequate glycemic control (HbA1c >7% after 3 continuous months of receiving maximal daily doses) despite current treatment.*

C. What is the patient's most recent Hemoglobin A1c?

Date _____ Result _____

Other – the patient's condition is: _____

Rationale for use: _____