

FAX Completed Form To:

1.877.386.4695

Provider Help Desk:

1.866.399.0928

REQUEST FOR PRIOR AUTHORIZATION

Amylino Mimetic (Symlin®)

This form is used for both preferred and non-preferred agents.

(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid Member ID #: Patient Name: DOB: Patient Address: Provider NPI: Prescriber Name: Phone: Prescriber Address: Fax: Pharmacy Name: Address: Phone: Prescriber must fill all information above. It must be legible, correct and complete or form will be returned. Pharmacy NPI: Pharmacy Fax: NDC :

Prior authorization is required for amylino mimetics (Symlin®). Payment will be considered under the following conditions: 1) Diagnosis of Type 1 or Type 2 diabetes mellitus, 2) Concurrent use of insulin therapy, 3) Documentation of blood glucose monitoring three or more times daily, 4) Inadequate reduction in HbgA1C despite multiple titration with basal/bolus insulin dosing regimens. Initial authorizations will be approved for six months; additional prior authorizations will be considered on an individual basis after review of medical necessity and documented improvement in HbgA1C since the beginning of the initial prior authorization period. Preferred

Symlin®



Strength

Dosage Instructions

Quantity

Days Supply

Diagnosis:

Concurrent mealtime insulin therapy to be used with Symlin®: Insulin Product Name:

Trial start date: Dose:

Patient is monitoring blood glucose levels three or more times/day: Yes No Documentation of inadequate glycemic control with mealtime insulin therapy:

Insulin Product Name:

Trial start date: Trial end date: Reason for failure:

Most recent HbgA1C Level: Date HbgA1C was obtained:

Other relevant information:

Attach lab results and other documentation as necessary.

Prescriber Signature: _____ Date of Submission: _____

***MUST MATCH PRESCRIBER LISTED ABOVE**

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.