





**Fax Completed Form To**  
1.833.404.2392  
**Prescriber Help Desk**  
1.833.587.2012  
**Online**  
[covermymeds.com/main/prior-authorization-forms/](http://covermymeds.com/main/prior-authorization-forms/)

**Request for Prior Authorization**  
**ANTI-DIABETIC NON-INSULIN AGENTS**  
(PLEASE PRINT – ACCURACY IS IMPORTANT)

Strength	Dosage Instructions	Quantity	Days Supply
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**Diagnosis:** \_\_\_\_\_

**Type 2 Diabetes Mellitus**

**Most recent A1C Level:** \_\_\_\_\_ **Date this level was obtained:** \_\_\_\_\_

**Requests for DPP-4 inhibitor or GLP-1 receptor agonist containing agents:**

Is combination DPP-4 inhibitor and GLP-1 receptor agonist containing agents being used?

Yes       No

**Requests for Non-Preferred Drugs:**

**Preferred Trial 1:** Drug Name/Dose: \_\_\_\_\_

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_

Reason for Failure: \_\_\_\_\_

**Preferred Trial 2:** Drug Name/Dose: \_\_\_\_\_

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_

Reason for Failure: \_\_\_\_\_

**Preferred Trial 3:** Drug Name/Dose: \_\_\_\_\_

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_

Reason for Failure: \_\_\_\_\_

Medical or contraindication reason to override trial requirements: \_\_\_\_\_

**Other diagnosis:** \_\_\_\_\_

**Trial of preferred drug in the same class:** Drug Name/Dose: \_\_\_\_\_

Trial start date: \_\_\_\_\_ Trial end date: \_\_\_\_\_

Reason for Failure: \_\_\_\_\_

**Attach lab results and other documentation as necessary.**

Prescriber signature (Must match prescriber listed above.)	Date of submission
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**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 Health and Human Services, that the member continues to be eligible for Medicaid.