



Request for Prior Authorization ANTI-DIABETIC NON-INSULIN AGENTS

FAX Completed Form To 1 (800) 574-2515 Provider Help Desk 1 (877) 776-1567

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization (PA) is required for preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions: 1) Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and 2) For the treatment of Type 2 Diabetes Mellitus, the patient has not achieved HgbA1C goals after a minimum three month trial with metformin at a maximally tolerated dose. 3) Requests for non-preferred anti-diabetic, non-insulin agents subject to clinical criteria will be authorized only for cases in which there is documentation of previous trials and therapy failures with a preferred drug in the same class.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Requests for weight loss are not a covered diagnosis of use and will be denied.

Initial authorizations will be approved for six months. Additional PAs will be considered on an individual basis after review of medical necessity and documented continued improvement in symptoms (such as HgbA1C for Type 2 Diabetes).

Preferred DPP-4 Inhibitors and Combinations (PA Required)

- Janumet, Janumet XR, Januvia, Jentadueto, Tradjenta

Non- Preferred DPP-4 Inhibitors and Combinations

- Alogliptin, Alogliptin-Metformin, Alogliptin-Pioglitazone, Glyxambi, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Saxagliptin, Saxagliptin-Metformin ER, Trijardy XR, Zituvio

Preferred GLP-1 RAs (PA required)

- Bydureon, Ozempic, Trulicity, Victoza

Non-Preferred GLP-1 RAs and Combinations

- Adlyxin, Bydureon BCise, Byetta, Mounjaro, Rybelsus

Preferred SGLT2 Inhibitors and Combinations (No PA Required)

- Farxiga, Invokamet, Invokana, Jardiance, Synjardy, Xigduo XR

Non-Preferred SGLT2 Inhibitors and Combinations

- Dapagliflozin, Invokamet XR, Dapagliflozin/Metformin, Qtern, Segluromet, Steglatro, Steglujan, Synjardy XR

Strength

Dosage Instructions

Quantity

Days Supply

Diagnosis: _____

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Type 2 Diabetes Mellitus

Metformin Trial: Trial start date: _____ Trial end date: _____ Trial dose: _____

Reason for Failure: _____

Medical or contraindication reason to override trial requirements: _____

Most recent HgbA1C Level: _____ **Date this level was obtained:** _____

Requests for Non-Preferred Drugs:

Preferred DPP-4 Trial: Drug Name/Dose: _____

Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Preferred GLP-1 RA Trial: Drug Name/Dose: _____

Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Preferred SGLT2 Trial: Drug Name/Dose: _____

Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Reason for use of Non-Preferred drug requiring prior approval: _____

Other diagnosis: _____

Trial of preferred drug in the same class: Drug Name/Dose: _____

Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Renewals

Document continued improvement in symptoms: _____

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.