

HYPOGLYCEMICS, SULFONYLUREAS PRIOR AUTHORIZATION FORM

- Please submit all requested documentation with this form. Incomplete documentation may delay the processing of this request.
- Prior authorization guidelines for **Hypoglycemics, Sulfonylureas** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <http://www.dhs.pa.gov/provider/pharmacyservices/index.htm>.

PRIOR AUTHORIZATION INFORMATION		PRESCRIBER INFORMATION	
<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	total # of pages: _____	
Name of office contact:		Prescriber name:	
Contact's phone number:		Specialty:	
LTC facility contact/phone:		State license #:	MA Provider ID#:
BENEFICIARY INFORMATION		Street address:	
Beneficiary name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Non-preferred medication requested:	<input type="checkbox"/> Amaryl tablet	<input type="checkbox"/> Glucotrol XL tablet	<input type="checkbox"/> tolazamide tablet
	<input type="checkbox"/> chlorpropamide tablet	<input type="checkbox"/> Glynase Prestab	<input type="checkbox"/> tolbutamide tablet
	<input type="checkbox"/> Glucotrol tablet	<input type="checkbox"/> _____	
Strength:	Dose/directions:	Quantity:	Refills:
Diagnosis (<i>submit documentation</i>):			Dx code (<i>required</i>):
1. Does the beneficiary have a history of trial and failure, contraindication, or intolerance of the preferred Sulfonylureas? <i>Check all that apply.</i> <input type="checkbox"/> glimepiride tablet <input type="checkbox"/> glyburide (generic Diabeta) tablet <input type="checkbox"/> glipizide tablet <input type="checkbox"/> glyburide, micronized (generic Glynase) tablet <input type="checkbox"/> glipizide ER/XL tablet			<input type="checkbox"/> Yes – <i>Submit documentation of medication regimens tried and treatment response, contraindications, and/or intolerances.</i> <input type="checkbox"/> No

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
-----------------------	-------

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.