

Sterling Retiree Rx Prior Authorization Form

SYMLIN (Pramlintide)

Coverage Criteria / Required Medical Information

Patient must have inadequate glycemic control (HbA1c > 7% but < 9%) at initiation of therapy **and** patient currently receiving optimal mealtime insulin therapy.

Exclusion Criteria:

Severe hypoglycemia that required assistance during the past 6 months; gastroparesis; patient requires drug therapy to stimulate gastrointestinal motility; the presence of hypoglycemia unawareness (i.e., inability to detect and act upon the signs or symptoms of hypoglycemia).

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physician Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

SYMLIN	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Formulary Alternative(s) Attempted?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Please List Alternative Formulary Drugs	

Comments	
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