



## SYMLIN® (pramlintide acetate) Injection PRIOR AUTHORIZATION FORM

This Coverage Policy applies to Coventry Managed Medicaid Health Plans.

**Coverage Criteria:** Symlin is covered for:

- 1) Type 1 diabetics on insulin, or type 2 diabetics on insulin plus metformin, who have failed to achieve adequate glycemic control
- 2) have an A1C level between 7% and 9%
- 3) have marked variability in glucose levels
- 4) test their blood glucose levels at home three or more time each day
- 5) receive medical nutrition therapy
- 6) receive care from a healthcare provider skilled in the use of insulin and supported by the service of a diabetes educator.

Symlin is not covered in combination with antidiabetic medications that have not been approved for combined use. A detailed coverage policy is available upon request.

**Note:** Initial approvals will be granted for 6-months and are subject to a quantity limit of 4 vials or pens per fill. Subsequent approvals will be granted for 1 year based on therapeutic response and tolerance and adherence to Symlin therapy.

### PLEASE SEND COMPLETED FORM TO COVENTRY HEALTH CARE – PHARMACEUTICAL SERVICES

Return Form to: PA FAX 855-799-2549 PHONE: (877) 215-4100

Requesting Physician:	Office Contact:
Call Center ID: Tax ID Number:	Plan ID: Benefit:
Office Fax Number:	Phone Number:
Office Address:	

### MEMBER INFORMATION

Patient Name:	DOB:
Member ID#:	Date of Request:

### MEDICAL INFORMATION

Please submit additional clinical notes and documentation as appropriate for your request.

1.	<b>Diagnosis:</b> <input type="radio"/> Type 1 diabetes <input type="radio"/> Type 2 diabetes <input type="radio"/> Other: _____
2.	Is this a NEW START or a continuation of therapy? <input type="radio"/> New Start <input type="radio"/> Continuation
3.	How is optimal insulin therapy achieved? <input type="radio"/> Basal insulin <input type="radio"/> Short-acting insulin <input type="radio"/> Insulin pump
4.	Is the patient compliant with their current insulin regimen? <input type="radio"/> Yes <input type="radio"/> No
5.	For Type 2 DM, is the patient currently receiving maximal daily doses (2 grams) of metformin? <input type="radio"/> Yes <input type="radio"/> No If no, does the patient have an intolerance or contraindication to metformin? <input type="radio"/> Yes <input type="radio"/> No Please specify: _____
6.	Will the patient be taking any of the following antidiabetic medications <i>in combination</i> with Symlin? <input type="radio"/> thiazolidinediones (Actos, Avandia, Avandamet) <input type="radio"/> meglitinides (Prandin) <input type="radio"/> alpha-glucosidase inhibitors (Precose, Glyset) <input type="radio"/> D-phenylalanine derivatives (Starlix)
7.	Please provide the most recent A1C level? % Date: / /
8.	Does the patient test their blood glucose levels at home three or more times per day? <input type="radio"/> Yes <input type="radio"/> No
9.	Does the patient have marked day-to-day variability in glucose levels? <input type="radio"/> Yes <input type="radio"/> No
10.	Is the patient receiving individualized medical nutrition therapy? <input type="radio"/> Yes <input type="radio"/> No
11.	Is the patient's care supported by the services of a diabetic educator? <input type="radio"/> Yes <input type="radio"/> No
12.	Does the patient experience hypoglycemia unawareness? <input type="radio"/> Yes <input type="radio"/> No
13.	Does the patient have gastroparesis, or take any medications that alter GI motility? <input type="radio"/> Yes <input type="radio"/> No

### COMPLETE FOR CONTINUATION THERAPY ONLY

14.	When did the patient start Symlin therapy? Date: / /
15.	Has the patient experienced improved glycemic control since adding Symlin injection? <input type="radio"/> Yes <input type="radio"/> No
16.	What is the patient's most recent A1C level? % Date: / /
17.	Are any of the following factors present? <input type="radio"/> Persistent clinically significant nausea or associated abdominal pain <input type="radio"/> Noncompliance with insulin dose adjustments <input type="radio"/> Noncompliance with self-monitoring of blood glucose concentrations <input type="radio"/> Noncompliance with scheduled clinic visits

### ADDITIONAL COMMENTS:

### PHYSICIAN'S SIGNATURE:

### PHYSICIAN'S SPECIALTY:

CHCH 2013-0059-01 (11/13)

Visit our Website at [WWW.CVTY.COM](http://WWW.CVTY.COM)

**Fax Confidentiality Notice:** The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error please notify us immediately by telephone at 1-877-215-4100.