



## 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.	Diagnosis: <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)

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