

10/04/2013

Fallon Community Health Plan MassHealth

FCHP (MEDICAID)

Januvia/Juvisync/Nesina/Onglyza/Oseni ST (FCHP)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Fallon Community Health Plan MassHealth at **1-855-762-5204**.

Please contact Fallon Community Health Plan MassHealth at **1-866-643-5126** with questions regarding the Fallon Community Health Plan MassHealth process.

When conditions are met, we will authorize the coverage of Januvia/Juvisync/Nesina/Onglyza/Oseni ST (FCHP).

Drug Name (select from list of drugs shown)

Januvia (sitagliptin)	Juvisync (sitagliptin/simvastatin)	Nesina (alogliptin)
Onglyza (saxagliptin)	Oseni (alogliptin/pioglitazone)	

Quantity _____	Frequency _____	Strength _____
Route of Administration _____	Expected Length of Therapy _____	

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please circle the appropriate answer for each question.

- Has the patient tried and failed Tradjenta for at least 4 weeks? Y N
 [If the answer to this question is yes, then no further questions are required.]
- Is the patient intolerant to Tradjenta? Y N

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date