



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Victoza

Phone: 800-728-7947

Fax back to: 866-880-4532

Scott & White Prescription Services manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	Prescriber Name:	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Expedited/Urgent

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. For what diagnosis is this drug being prescribed (pick one)? <input type="checkbox"/> Diabetes Mellitus Type 2 <input type="checkbox"/> Other
Q2. If other, please provide the diagnosis in the space provided below.
Q3. Please provide ICD-9 code(s) for diagnosis.
Q4. Is the patient currently on Byetta and switching to Victoza? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q5. Is this patient being newly started on Victoza? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q6. Has the patient tried and failed to achieve glycemic control with metformin? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q7. Does the patient have a documented HbA1c value of at least 7.0%, within the past three months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Q8. Has the patient had a documented decrease in the HbA1c value of at least 0.5% or achieved a HbA1c goal of less than 7.0%, since initiation of Bydureon therapy?



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Patient Name:	Prescriber Name:
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Yes No

Q9. Additional Comments

Prescriber Signature

Date

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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