NEBRASKA MEDICAID PROGRAM REQUEST FOR PRIOR AUTHORIZATION OF PAYMENT AMYLINOMIMETIC AGENTS

(NOTE: All Amylinomimetic agents approved subsequent to this bulletin shall be subject to these criteria.) The first PA will be effective for 6 months; thereafter, a new PA must be requested every 12 months.

Brand Name	Generic
Symlin ®	Pramlintide

PRESCRIBING PHYSICIAN:

Name: ________________________________
First Last

Phone #: (_____)-______-______

Fax #: (_____)-______-______

NPI #: ________________________________

MEDICAID RECIPIENT:

Name: ________________________________
First Last

Medicaid # □□□□□□□□□□□□

Date of Birth: □□/□□/□□□□

(Note: patient must be 16 years or older).

PARTICIPATING PHARMACY:

Name: ________________________________

Request Date: ________________________

Phone #: (_____)-______-______

Fax #: (_____)-______-______

Requested Drug Name: Strength: Administration Schedule:

AMYLINOMIMETIC AGENT CRITERIA: Client must be 18 years of age or older

1. Is the patient currently using short-acting (Humalog®, Novolog®, Apidra®, Humulin® R, Novolin® R, Humulin® □Yes □No If no, denied
2. Has the current mealtime insulin dose been reduced by □Yes □No If no, denied
3. Is the patient receiving blood glucose testing supplies for self-monitoring during amylinomimetic agent initiation? □Yes □No If no, denied
4. Does the patient show documented compliance with current Therapy? (Compliance will be verified utilizing Medicaid claims data.) □Yes □No
5. Does the patient have a clinical diagnosis of gastroparesis? □Yes □No If yes, denied
6. Is the patient HgbA1C>9? □Yes □No If yes, denied.
Please attach a cop**y of patient's most recent (within** the previous 90 days) HgbA1C lab.

Prescriber Signature: ____ Date: ____________________

(With this signature, the prescriber confirms that the information above is accurate and verifiable in patient records.) **Please note: Nebraska Total Care may request chart documentation to verify the above information.**

Submit requests to: Envolve Pharmacy Solutions Fax: 1-866-399-0929 Tel: 1-844-330-7852