

**SOLIQUA and XULTOPHY (GLP-1 receptor agonist/insulin combinations) PRIOR AUTHORIZATION FORM** (form effective 1/1/20)

Prior authorization guidelines for Hypoglycemics, Insulin and Related Agents and Quantity Limits/Daily Dose Limits are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		total # of pages: _____	Prescriber name:	
Name of office contact:		Specialty:		
Contact's phone number:		NPI:	State license #:	
LTC facility contact/phone:		Street address:		
Beneficiary name:		Suite #:	City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

**CLINICAL INFORMATION**

Drug requested:	<input type="checkbox"/> Soliqua	<input type="checkbox"/> Xultophy	<input type="checkbox"/> _____
Directions:	Quantity:	Refills:	
Diagnosis <i>(submit documentation)</i> :	DX code <i>(required)</i> :		
Does the beneficiary have a diagnosis of type 2 diabetes?	<input type="checkbox"/> Yes – <i>Submit documentation of diagnosis.</i> <input type="checkbox"/> No – <i>Submit medical literature supporting the use of the requested medication for the beneficiary's diagnosis.</i>		
Please provide the beneficiary's Hemoglobin A1c (HbA1c):	HbA1c: _____		
Is the beneficiary currently taking maximum tolerated doses of metformin?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not currently taking metformin, does the beneficiary have a history of a contraindication to or intolerance to maximum tolerated doses of metformin?	<input type="checkbox"/> Yes <i>Submit documentation of treatment regimen tried and contraindication or intolerance.</i> <input type="checkbox"/> No		
Did the beneficiary fail to achieve glycemic control with basal insulin (e.g., Lantus, Levemir) and/or a GLP-1 receptor agonist (e.g., Byetta, Bydureon, Trulicity, Victoza) as evidenced by the beneficiary's HbA1c?	<input type="checkbox"/> Yes <i>Submit documentation of treatment regimen tried</i> <input type="checkbox"/> No		
Will the requested agent be used in combination with any other product containing a GLP-1 receptor agonist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date:
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