

HYPOGLYCEMICS, DPP-4 INHIBITORS PRIOR AUTHORIZATION FORM (form effective 1/1/2026)

Prior authorization guidelines for **Hypoglycemics, DPP-4 Inhibitors** 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 pgs: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

Drug requested:	Strength:	Dosage form:	
Dose/directions:		Quantity:	Refills:
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):	
For ALL Hypoglycemics, DPP-4 Inhibitors: Does the beneficiary have a history of trial and failure of or a contraindication or an intolerance to metformin?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>
For a NON-PREFERRED Hypoglycemics, DPP-4 Inhibitor: Does the beneficiary have a history of trial and failure of or a contraindication or an intolerance to the preferred Hypoglycemics, DPP-4 Inhibitors approved or medically accepted for the beneficiary's diagnosis? (<i>Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.</i>)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Submit documentation.</i>

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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