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Admelog[®], Apidra[®], Humalog[®] & Humulin[®] (excluding U-500) Prior Authorization Request Form DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

		rnis ioini may be	Taxed to 844-403-10	029.			
Me	mber Inform	ation (required)	F	Provider Information (required)			
Member Name:			Provider Nan	ne:			
Insurance ID#:			NPI#:	NPI#: Specialty:			
Date of Birth:			Office Phone	Office Phone:			
Street Address:			Office Fax:				
City:	State:	ZIP:	Office Street	Office Street Address:			
Phone:			City:	State: ZIF		IP:	
		Medication	Information	(required)			
Medication Name	e:	Medication		Strength: Dosage Form:		n:	
				Directions for Use:			
		Clinical Ir	nformation (re	equired)			
1. Does the patient have a diagnosis of diabetes mellitus?					☐ Yes ☐ No		
two alternation	ves or one in a clas	a failure of or intoleranc ss with only one alterna osis (e.g., Novolin, Nov	ative) of the preferr				
3. Does the patient have a documented contraindication to the listed formulary alternatives (e.g., Novolin, Novolog)?						☐ Yes ☐ No	
4. Has the patient had an adverse reaction to OR would be reasonably expected to have an adverse reaction to a majority (two or more in a class with at least two alternatives or one in a class with only one alternative) of the listed formulary agents used for the requested indication (e.g., Novolin, Novolog)?						□ Yes □ No	
5. Does the patient have a clinical condition for which there is no listed formulary agent to treat the condition based on published guidelines or clinical literature?					treat the	☐ Yes ☐ No	
6. Is the drug being prescribed within the manufacturer's published dosing guidelines or does the dose fall within dosing guidelines found in accepted compendia or current literature (e.g., package insert, AHFS, Micromedex, current accepted guidelines, etc.)?						☐ Yes ☐ No	
nformation on th	nis form is accurate	e as of this date.					
Prescriber's S	ignature:			Date:			
Are there any other his review?	r comments, diagnose	es, symptoms, medications	tried or failed, and/or	r any other inform	 nation the physician	feels is important to	
Foi	r more information abou	ied unless all required info it the prior authorization proc o 1 a.m. Eastern, and Saturda	ess, please contact us				

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