



Symlin® (pramlintide) Prior Authorization Request Form
Please fax the completed request form to the Coventry Health Care Pharmacy Department
at 877-815-8751. For additional information call 800-647-2240.

Patient Name: _____ Today's Date: ____/____/____
 Patient Pharmacy ID: _____ Date of Birth: ____/____/____
(located on bottom right of insurance card)
 Requesting Physician: _____ Specialty: _____
(Please print)
 Office Contact Person: _____ Phone #: (____)____-____ ext ____
 Office Address: _____
 Medication/dose Requested: _____ Fax #: __ (____) ____ - _____
 Expected Duration of Therapy: _____ ICD-9 _____

1. Does patient have diagnosis of diabetes mellitus Type 1?	Yes	No
2. Does patient have a diagnosis of diabetes mellitus Type 2?	Yes	No
3. Is the patient's hemoglobin A1c between 7.0 and 9.0 mg/dl? Date of test: _____ Result: _____	Yes	No
4. Have failed to achieve adequate glycemic control with intensive insulin treatment?	Yes	No
a. Long-acting insulin (name, dose, frequency): _____		
b. Short-acting insulin (name, dose, frequency): _____		
c. On an insulin pump	Yes	No
5. Is patient compliant with current therapy?	Yes	No
6. Is patient compliant with prescribed self-blood glucose monitoring?	Yes	No
7. Are fasting blood glucose levels controlled?	Yes	No
8. Is patient currently being treated with any of the following diabetic medications? ____ Thiazolidinediones (Actos, Avandia, or Avandamet) ____ Meglitinides (Prandin) ____ Alpha-glucosidase inhibitors (Precose or Glyset) ____ D-phenylalanine derivatives (Starlix)	Yes	No
9. Does patient have a diagnosis of gastroparesis?	Yes	No
10. Is patient currently taking anticholinergic medications?	Yes	No

Physician's Signature: _____ Date: ____/____/____

For Mercy Health Plans use only:	<input type="checkbox"/> Approved	Length of Approval _____
<input type="checkbox"/> Denied	Reason for Denial _____	
Reviewer's Signature: _____	Date Reviewed: ____/____/____	
Override Entered in <input type="checkbox"/> Caremark <input type="checkbox"/> CCMS for _____	- _____ by _____	
Office Notified on _____	; at _____ am/pm; by _____ spoke to _____	