

FAX this completed form to (877) 386-4695

OR Mail requests to: Envolve Pharmacy Solutions PA Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720

I. PROVIDER INFORMATION	II. MEMBER INFORMATION
Prescriber Name:	Member Name:
Prescriber Specialty:	Identification #:
Office Contact Name:	Group #:
Group Name:	Date of Birth:
Fax #:	Medication Allergies:
Phone #:	

III. DRUG INFORMATION (One drug request per form)		
Drug name and strength:	Dosage Interval (sig):	Qty. per Day:

IV. REQUIRED DOCUMENTATION (Detailed medical record documentation demonstrating evidence for each item must be submitted with prior authorization request)

Specify diagnosis & diagnosis code relevant to this request: _____ Dx/Dx Code: _____

Requests for all non-preferred medications: Does the member have a history of trial and failure of or contraindication or intolerance to the preferred Hypoglycemic Agents? Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred medications in this class.

Yes *Submit documentation of previous trials/failures, contraindications, and/or intolerances or current use.*

No

Requested agent will not be used in combination with any other GLP-1 agonist

If requesting for daily quantity exceeding daily limit (Refer to <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Quantity-Limits-and-Daily-Dose-Limits.aspx>), please provide supporting information.

SUBMIT MEDICAL RECORD INFORMATION FOR EACH APPLICABLE ITEM.

INSULIN COMBINATION AGENT WITH GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONIST:

Documented history of one of the following:

- Failure to achieve glycemic control as evident by member's HbA1c value using maximum tolerated doses of Metformin
- Contraindication or intolerance to Metformin

Documented history of one of the following:

- Failure to achieve glycemic control as evident by member's HbA1c value using basal insulin
- Failure to achieve glycemic control as evident by member's HbA1c value using GLP-1 receptor agonist

RENEWAL REQUESTS:

Documentation of most recent HbA1c

IV. ADDITIONAL RATIONALE FOR REQUEST / PERTINENT CLINICAL INFORMATION :

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider Signature:	Date:
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Envolve Pharmacy Solutions will respond via fax or phone within 24 hours.
 Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)