



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

FAX this completed form to (844) 205-3386

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

OR Prior authorization may be completed at <https://www.covermymeds.com/main/prior-authorization-forms/>

Prior authorization guidelines for **Hypoglycemics, DPP-4 Inhibitors** and **Quantity Limits/Daily Dose Limits** are available on the PA Health & Wellness website at <https://www.pahealthwellness.com/providers/pharmacy.html>.

<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:	
Member name:		City/state/zip:	
Member 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 member 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 member 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 member's diagnosis? (Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Submit documentation.</i>	

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO 844-205-3386

Prescriber Signature:	Date:
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Pharmacy Department 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.)