

GENERAL PRESCRIPTION DRUG COVERAGE AUTHORIZATION REQUEST FORM

This form is for authorization of prescription drug benefits only and must be COMPLETELY filled out.

GENERAL INFORMATION <i>Request Type (please check one)</i> ☒ Prior Authorization ☐ Step Therapy Exception ☐ Request for Quantity Limit Exception ☐ Appeal ☐ Mandatory Generic Exception ☐ Request for Non-Formulary Exception	Patient Name		
	Darryl Bronson		
	Patient's Home Address		
	5621 Calmar Dr Apt C		
	City	State	Zip
	Montgomery	AL	36116-1712
	Date of Birth (mm/dd/yyyy)	Contract Number (include prefix)	
	0 5 / 0 2 / 1 9 8 1	8 0 4 5 1 6 8 5 2 0 2	

PRESCRIBER INFORMATION		
Prescriber Name		Practice Type
Lindsey Barton		☒ PCP
Practice Address		☐ Specialty: _____
7461 East Dr.		
City	State	Zip
Montgomery	AL	36117
Office Phone	Office Fax	National Provider Identifier (NPI)
334-244-3281	(334) 244-3396	1 2 1 5 2 8 5 8 7 9

REQUEST TYPE
(Please check one) ☒ Initial Authorization ☐ Authorization Renewal (Please attach any additional medical information.)

TREATMENT INFORMATION		
Drug/Strength/Frequency/Quantity Requested:		Duration of Disease (Years):
Once weekly	See attached sheet. [2]	9 per 84 days
3		
Place of Services:	Route of Administration:	Healthcare Professional to Administer:
See attached sheet. [1]	Subcutaneous	☐ Yes ☒ No
ICD-10 Codes: (E11.65) Type 2 diabetes mellitus with hyperglycemia		

Medical rationale for use (include chart notes if possible):

List medications this patient has tried for this condition (include current medications and titration history if applicable)			
Drug	Strength/Frequency	Dates of Therapy	Outcome of Therapy
1. metformin	500mg BID	1/25/2022- 10/01/2023	dizziness and diarrhea
2. Ozempic	0.5mg	10/02/2024- present	A1C is now controlled.
3.			
4.			
5.			
Does this patient have any co-morbid conditions that will affect therapy: ☒ Yes ☐ No			
If so, please list: HTN, morbid obesity, asthma			

Note: Medications received through manufacturer coupons or samples are not accepted as justification of prior therapy.

Prescriber Signature	
(Required for processing request)	01/17/2025
I certify this information is complete and correct to the best of my knowledge.	Date
Prescriber Signature	Please attach any additional medical justification.

SUBMISSION INSTRUCTIONS

FAX

You may fax the signed and completed form to Pharmacy Review at:

1-866-606-6021

MAIL

You may mail the signed and completed form to:

Pharmacy Review

Post Office Box 529 • Auburn, AL 36831

Patient: Darryl Bronson DOB: 05/02/1981
Member: 80451685202
Sent: 01/17/2025

Optional Comments (Powered by CoverMyMeds)

You may provide additional information beyond what is required by the payor's prior authorization form.

What is the patient's diagnosis?

Type 2 diabetes mellitus

Has the patient tried and failed or been unable to tolerate metformin (alone or in combination)?

Yes

What is the patient's most recent hemoglobin A1c?

7.5% in Jan 2025 down from 10.25 in October 2024

Is this a request for an initiation or continuation of therapy?

Continuation

Does the prescriber believe there has been a positive clinical response while on OZEMPIC (e.g. documented reduction in hemoglobin A1c)?

Yes

NOTES**[1] Place of Service**

Auburn University Montgomery Warhawk Health Services

[2] Drug Name

Ozempic (0.25 or 0.5 MG/DOSE) 2MG/3ML Pen-injectors

Relevant Drug History**Glucophage (Metformin)**

Made him dizzy and gave him diarrhea so he stopped taking.

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
(334) 244-3281

Laboratory Results**Patient Name:** DARRYL BRONSON**Order Date:** 10/02/2024**MRN:** 4961**DOB:** 05/02/1981**Phone:** (518) 250-8260**Gender:** MALE**Placer Order ID:** 01043922**Physician:** BARTON**Filler Order ID:** AL836600Q**Physician ID:** 1215285879**Specimen Date:** 10/02/2024 1:49 PM**Fasting:****Result Date:** 10/03/2024 5:52 PM**Disposition:****Specimen Source:** SOURCE, UNSPECIFIED**HEMOGLOBIN A1C**

496

STATUS: FINAL

<u>Test Name</u>	<u>Abnormal</u>	<u>Result Value</u>	<u>Unit of Measure</u>	<u>Ref Range</u>	<u>Status</u>	<u>Producer ID</u>
HEMOGLOBIN A1C	H	10.2	% of total Hgb	<5.7	F	AT

For someone without known diabetes, a hemoglobin A1c value of 6.5% or greater indicates that they may have diabetes and this should be confirmed with a follow-up test.

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For someone with known diabetes, a value <7% indicates that their diabetes is well controlled and a value greater than or equal to 7% indicates suboptimal control. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.

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Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.

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Lab

QUEST DIAGNOSTICS-ATLANTA(11D0255931) - AT
1777 MONTREAL CIRCLE TUCKER, GA 30084-6802

YOUNG ANDREW

Comments:**Confidential**

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
(334) 244-3281

Laboratory Results**Patient Name:** DARRYL BRONSON**Order Date:** 01/13/2025**MRN:** 4961**DOB:** 05/02/1981**Phone:** (518) 250-8260**Gender:** MALE**Placer Order ID:** 01063603**Physician:** BARTON**Filler Order ID:** AL072204U**Physician ID:** 1215285879**Specimen Date:** 01/13/2025 9:57 AM**Fasting:****Result Date:** 01/14/2025 11:47 PM**Disposition:****Specimen Source:** SOURCE, UNSPECIFIED**HEMOGLOBIN A1C**

496

STATUS: FINAL

<u>Test Name</u>	<u>Abnormal</u>	<u>Result Value</u>	<u>Unit of Measure</u>	<u>Ref Range</u>	<u>Status</u>	<u>Producer ID</u>
HEMOGLOBIN A1C	H	7.5	% of total Hgb	<5.7	F	AT

For someone without known diabetes, a hemoglobin A1c value of 6.5% or greater indicates that they may have diabetes and this should be confirmed with a follow-up test.

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QUEST DIAGNOSTICS-ATLANTA(11D0255931) - AT
1777 MONTREAL CIRCLE TUCKER, GA 30084-6802

YOUNG ANDREW

Comments:**Confidential**

Auburn Montgomery Warhawk Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 10/02/24

PATIENT: BRONSON, DARRYL **DOB:** 05/02/1981 **Gender:** MALE **MRN:** 4961 **AGE:** 43 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Dizziness

HISTORY OF PRESENT ILLNESS: Mr. Bronson is a 43 yo male here today for dizziness since starting the steroids for his anaphylactic reaction to ant bites. He states he has dry mouth and slight headache as well and he has been constipated the last few days. Denies blurred vision, chest pain, SOB, or palpitations.

He has diabetes. He thinks it could be related to his blood sugar. He has not been on meds for his diabetes in over a year. He also reports a history of HTN. He states his doctor in New York had him on lisinopril at one point then took him off and he hasn't been on anything since then. His BP was elevated at his follow up visit the other day and today as well.

VITALS: BP: 202/94 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 94; **Temp:** 98.8; **Resp:** 18; **Ht:** 71 in.; **Wt:** 359.8 lbs.;
BMI: 50.18; **Pulse Oximetry:** 97%

ALLERGIES: Ant venom (Anaphylaxis); No Known Drug Allergies

MEDICATIONS:

EpiPen 2-Pak 0.3 mg/0.3 mL injection, auto-injector (as needed for allergic reaction)
ibuprofen 800 mg tablet (TAKE 1 TABLET (800 MG) BY ORAL ROUTE 3 TIMES PER DAY WITH FOOD AS NEEDED FOR PAIN.)

PAST MEDICAL HISTORY: T2DM, asthma, chronic low back pain, varicose veins left leg, HTN. Anaphylactic reaction to ant bites in September 2024.

PAST SURGICAL HISTORY:

SOCIAL HISTORY: Married. Works at AUM. + smokes cigarettes for past 4 years. Drinks alcohol socially. Denies illicit drug use.

FAMILY HISTORY: Mother- DM, Sister- DM, Brother- DM, Grandparent- DM

REVIEW OF SYSTEMS:

CONSTITUTIONALS: All 14 point review of systems negative except those listed in HPI.

PHYSICAL EXAMINATION:

GENERAL: GENERAL: No apparent distress noted; Well developed; Pleasant.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI. Ears- tympanic membranes clear. Ear canals are patent. Nose- septum- midline; No maxillary or frontal sinus tenderness. Throat- pink without exudates. No anterior or posterior cervical nodes palpated; No palpable thyroid abnormality or enlargement.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted; No carotid bruits noted. No peripheral edema bilateral lower extremities.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

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Date: 10/02/24

PATIENT: BRONSON, DARRYL **DOB:** 05/02/1981 **Gender:** MALE **MRN:** 4961 **AGE:** 43 Years

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

TSH (QUEST) (1 unit(s)): Quest Diagnostics
UA (1 unit(s)): In-House Lab
COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
LIPID PANEL (QUEST) (1 unit(s)): Quest Diagnostics
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
T4 FREE (QUEST) (1 unit(s)): Quest Diagnostics
EKG (1 unit(s)): Office Procedure
Glucose (1 unit(s)): In-House Lab
HEMOGLOBIN A1c (1 unit(s)): Quest Diagnostics
ALBUMIN RANDOM URINE W/CREATININE (1 unit(s)): Quest Diagnostics

RESULTS:

UA:
 Appearance: clear
 Color: yellow
 Glucose: Negative
 Bill: Negative
 Ketones: Negative
 Sp: 1.010
 Blood: Negative
 pH: 7
 Protein: Negative
 Urobilinogen: Negative
 Nitrites: Negative
 Leukocytes: Positive
 CS: No
 Comments: Leuks- 25

Glucose:
 Value: 262

ASSESSMENT:

E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (PRIMARY)
I10 - ESSENTIAL (PRIMARY) HYPERTENSION
R42 - DIZZINESS AND GIDDINESS
R51.9 - HEADACHE, UNSPECIFIED

PLAN:

Glucose is 262 today. BP is elevated. EKG- NSR at 89 bpm with no ischemic changes. He has 2 more days of his steroid dose pack left. I recommended that he take 1 dose tomorrow then stop the steroids as it could be contributing to his hyperglycemia, dizziness, and HTN. Start lisinopril for BP. Recommended he keep a BP log twice daily and return to clinic at his next scheduled appt in 2 weeks.

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Montgomery AL, 36117-8092
(334) 244-3281

Date: 10/02/24

PATIENT: BRONSON, DARRYL **DOB:** 05/02/1981 **Gender:** MALE **MRN:** 4961 **AGE:** 43 Years

Diabetes- he reports metformin makes him dizzy and makes him go to the bathroom more frequently. Will restart antidiabetic meds pending his lab results. We discussed Januvia, but he wants to try ozempic or similar.

Follow up with lab results. He is nonfasting today.

lisinopril 10 mg tablet

Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY

Electronically signed by Lindsey Barton, CRNP on 10/02/24 1:57 PM

L. Barton, DNP, CRNP