

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	Q A U 8 0 7 6 9 7 8 3 5	

PRESCRIBER INFORMATION		
Prescriber Name		Practice Type
Barton		☒ PCP
Practice Address		☐ Specialty: _____
7461 East Dr., Suite 102		
City	State	Zip
Montgomery	AL	36117-2714
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] 3 per 30 days		
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):

Uncontrolled Diabetes w/ morbid obesity and HTN. Unable to tolerate metformin due to diarrhea/upset stomach.

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	500 mg BID	Jan. 2022 to October 2023	Diarrhea/upset stomach
2.			
3.			
4.			
5.			

Does this patient have any co-morbid conditions that will affect therapy: ☒ Yes ☐ No

If so, please list: Hypertension, Morbid Obesity

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

Prescriber Signature (Required for processing request)		
I certify this information is complete and correct to the best of my knowledge.	 Prescriber Signature	10/04/2024 Date
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: QAU807697835
Sent: 10/04/2024

Additional Comments

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?

10.2%

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

Initiation

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

[3] Explanation

Uncontrolled diabetes w/ metformin intolerance due to upset stomach/diarrhea. Has been on insulin in the past when he lived in New York. Would like to try ozempic before going back on insulin therapy. Other history includes HTN and morbid obesity. A1C= 10.2% now. On Metformin A1C was 8% in October 2023.

Relevant Drug History

Glucophage (Metformin)

Therapeutic failure

Summary: 500mg BID from Jan 2022 to October 2023

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

LIPID PANEL

7600

STATUS: F

Test Name	Abnormal	Result Value	Unit of Measure	Ref Range	Status	Producer ID
CHOLESTEROL, TOTAL		135	mg/dL	<200	F	AT
HDL CHOLESTEROL		56	mg/dL	> OR = 40	F	AT
TRIGLYCERIDES	H	179	mg/dL	<150	F	AT
LDL-CHOLESTEROL		53	mg/dL (calc)		F	AT
Reference range: <100						
.						
Desirable range <100 mg/dL for primary prevention;						
<70 mg/dL for patients with CHD or diabetic patients						
with > or = 2 CHD risk factors.						
.						
LDL-C is now calculated using the Martin-Hopkins						
calculation, which is a validated novel method providing						
better accuracy than the Friedewald equation in the						
estimation of LDL-C.						
Martin SS et al. JAMA. 2013;310(19): 2061-2068						
(http://education.QuestDiagnostics.com/faq/FAQ164)						
CHOL/HDL-C RATIO		2.4	(calc)	<5.0	F	AT
NON HDL CHOLESTEROL		79	mg/dL (calc)	<130	F	AT
For patients with diabetes plus 1 major ASCVD risk						
factor, treating to a non-HDL-C goal of <100 mg/dL						
(LDL-C of <70 mg/dL) is considered a therapeutic						
option.						

ALB. RAND UR W/CR

6517

STATUS: F

Test Name	Abnormal	Result Value	Unit of Measure	Ref Range	Status	Producer ID
CREATININE, RANDOM URINE		152	mg/dL	20-320	F	AT
ALBUMIN, URINE		1.2	mg/dL		F	AT
Reference Range						
Not established						
ALBUMIN/CREATININE RATIO, RANDOM URINE		8	mg/g creat	<30	F	AT
.						
The ADA defines abnormalities in albumin excretion as follows:						
.						
Albuminuria Category		Result (mg/g creatinine)				
.						
Normal to Mildly increased		<30				

Confidential

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

Moderately increased 30-299
Severely increased > OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

COMP META PNL

10231

STATUS: F

<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>
GLUCOSE	H	297	mg/dL	65-99	F	AT
Fasting reference interval						
For someone without known diabetes, a glucose value >125 mg/dL indicates that they may have diabetes and this should be confirmed with a follow-up test.						
UREA NITROGEN (BUN)		15	mg/dL	7-25	F	AT
CREATININE		0.83	mg/dL	0.60-1.29	F	AT
EGFR		111	mL/min/1.73m2	> OR = 60	F	AT
BUN/CREATININE RATIO		SEE NOTE:	(calc)	6-22	F	AT
Not Reported: BUN and Creatinine are within reference range.						
SODIUM		136	mmol/L	135-146	F	AT
POTASSIUM		4.1	mmol/L	3.5-5.3	F	AT
CHLORIDE		101	mmol/L	98-110	F	AT
CARBON DIOXIDE		24	mmol/L	20-32	F	AT
CALCIUM		8.8	mg/dL	8.6-10.3	F	AT
PROTEIN, TOTAL		6.7	g/dL	6.1-8.1	F	AT
ALBUMIN		4.1	g/dL	3.6-5.1	F	AT
GLOBULIN		2.6	g/dL (calc)	1.9-3.7	F	AT
ALBUMIN/GLOBULIN RATIO		1.6	(calc)	1.0-2.5	F	AT
BILIRUBIN, TOTAL		0.3	mg/dL	0.2-1.2	F	AT

Confidential

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

ALKALINE PHOSPHATASE	87	U/L	36-130	F	AT
AST	20	U/L	10-40	F	AT
ALT	H 53	U/L	9-46	F	AT

HEMOGLOBIN A1C 496 STATUS: F

Test Name	Abnormal	Result Value	Unit of Measure	Ref Range	Status	Producer ID
-----------	----------	--------------	-----------------	-----------	--------	-------------

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.

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.

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

TSH 899 STATUS: F

Test Name	Abnormal	Result Value	Unit of Measure	Ref Range	Status	Producer ID
-----------	----------	--------------	-----------------	-----------	--------	-------------

TSH		2.59	mIU/L	0.40-4.50	F	AT
-----	--	------	-------	-----------	---	----

T4, FREE 866 STATUS: F

Test Name	Abnormal	Result Value	Unit of Measure	Ref Range	Status	Producer ID
-----------	----------	--------------	-----------------	-----------	--------	-------------

T4, FREE		1.1	ng/dL	0.8-1.8	F	AT
----------	--	-----	-------	---------	---	----

CBC (DIFF/PLT) 6399 STATUS: F

Test Name	Abnormal	Result Value	Unit of Measure	Ref Range	Status	Producer ID
-----------	----------	--------------	-----------------	-----------	--------	-------------

WHITE BLOOD CELL COUNT	H	12.2	Thousand/uL	3.8-10.8	F	AT
------------------------	---	------	-------------	----------	---	----

RED BLOOD CELL COUNT		4.64	Million/uL	4.20-5.80	F	AT
----------------------	--	------	------------	-----------	---	----

HEMOGLOBIN		13.9	g/dL	13.2-17.1	F	AT
------------	--	------	------	-----------	---	----

HEMATOCRIT		42.8	%	38.5-50.0	F	AT
------------	--	------	---	-----------	---	----

MCV		92.2	fL	80.0-100.0	F	AT
-----	--	------	----	------------	---	----

Confidential

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

MCH		30.0	pg	27.0-33.0	F	AT
MCHC		32.5	g/dL	32.0-36.0	F	AT
For adults, a slight decrease in the calculated MCHC value (in the range of 30 to 32 g/dL) is most likely not clinically significant; however, it should be interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.						
RDW		14.3	%	11.0-15.0	F	AT
PLATELET COUNT		248	Thousand/uL	140-400	F	AT
MPV		11.0	fL	7.5-12.5	F	AT
ABSOLUTE NEUTROPHILS	H	7954	cells/uL	1500-7800	F	AT
ABSOLUTE LYMPHOCYTES		2794	cells/uL	850-3900	F	AT
ABSOLUTE MONOCYTES	H	1257	cells/uL	200-950	F	AT
ABSOLUTE EOSINOPHILS		171	cells/uL	15-500	F	AT
ABSOLUTE BASOPHILS		24	cells/uL	0-200	F	AT
NEUTROPHILS		65.2	%		F	AT
LYMPHOCYTES		22.9	%		F	AT
MONOCYTES		10.3	%		F	AT
EOSINOPHILS		1.4	%		F	AT
BASOPHILS		0.2	%		F	AT

Lab

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

YOUNG ANDREW

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

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

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.

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

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