

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		
	Portia Bronson		
	Patient's Home Address		
	447 Lurene Circle		
	City	State	Zip
	Montgomery	AL	36109
	Date of Birth (mm/dd/yyyy)	Contract Number (include prefix)	
	0 6 / 1 6 / 1 9 8 3	8 0 4 5 1 6 8 5 2	

PRESCRIBER INFORMATION		
Prescriber Name		Practice Type
Lindsey Barton		☒ PCP
Practice Address		☐ Specialty: _____
7461 East Dr. Suite 102		
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	10 years	
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):

Type 2 diabetes unable to tolerate Jardiance, Farxiga, and metformin secondary to side effects.

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 once daily	9/24/2021- 10/23/2023	discontinued secondary to diarrhea
2. Jardiance	10mg once daily	04/18/2023	Recurrent yeast infections
3. Ozempic	2mg once weekly	07/21/2023 to present	works well to keep A1C down.
4. Farxiga	10mg once daily	07/21/2023 to present	Successful on therapy
5.			

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

If so, please list: HTN, morbid obesity

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

Prescriber Signature	
(Required for processing request)	01/13/2025
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: Portia Bronson DOB: 06/16/1983
Member: 804516852
Sent: 01/13/2025

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 % November 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 (2 MG/DOSE) 8MG/3ML Pen-injectors

Relevant Drug History**Dapagliflozin (Farxiga)**

Successfully established on therapy

Summary: 10mg from 10/01/2023 to 07/21/2023

Empagliflozin (Jardiance)

Recurrent yeast infections

Glucophage (Metformin)

Diarrhea and noncompliance secondary to diarrhea.

Other (Please specify other)

Successfully established on therapy

Patient: Portia Bronson DOB: 06/16/1983
Member: 804516852
Sent: 01/13/2025

Summary: from to
Ozempic 2 mg once weekly.

Auburn Montgomery Student Health Services

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

Laboratory Results**Patient Name:** PORTIA BRONSON**Order Date:** 01/18/2023**MRN:** 4969**DOB:** 06/16/1983**Phone:** () -**Gender:** FEMALE**Placer Order ID:** 00858624**Physician:** BARTON**Filler Order ID:** AL037655A**Physician ID:** 1215285879**Specimen Date:** 01/18/2023 2:14 PM**Fasting:****Result Date:** 01/19/2023 4:27 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	12.1	% 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.

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:** PORTIA BRONSON**Order Date:** 11/15/2024**MRN:** 4969**DOB:** 06/16/1983**Phone:** (518) 250-8270**Gender:** FEMALE**Placer Order ID:** 01056531**Physician:** BARTON**Filler Order ID:** AL904755R**Physician ID:** 1215285879**Specimen Date:** 11/15/2024 3:19 PM**Fasting:****Result Date:** 11/16/2024 9:18 AM**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	7.0	% 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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