

PRIOR AUTHORIZATION FORM
GLP-1 RA Products - Commercial

Unless otherwise indicated below, authorization quantities are limited to the manufacturer recommended dosage



a service of selecthealth.

P.O. Box 30192 Salt Lake City, UT 84130

Complete online at www.selecthealth.org/pa or fax back to: 801-650-3279
For questions or clarifications, call: 800-442-3129

Patient Information

Patient's Name:	Patient's Date of Birth:
Patient's ID:	Patient's Phone #:
Diagnosis Code(s):	

Requesting Provider Information

Name:	Phone #:
NPI/DEA:	Fax #:
Address:	Supervising Physician (if requesting provider bills under a different provider)
	Name:
	NPI/DEA:

Servicing Provider Information (if different than requesting provider)

Name of provider or facility:	Phone number:
NPI/DEA:	Address:

Drug Name and Strength:	Directions / SIG:
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Q1. What medication is being requested?

- Bydureon BC
- Byetta
- Trulicity
- Mounjaro

Q2. What is the patient's diagnosis?

- Type 2 diabetes mellitus
- Type 1 diabetes mellitus
- Other

Q3. If other, please specify:

Q4. Has the patient failed metformin or a metformin combination drug?

Yes

No

Q5. Has the patient tried and failed a 90 day trial of a sodium-glucose cotransporter-2 (SGLT-2) inhibitor (e.g. Farxiga, Glyxambi, Invokamet, Segluromet, Synjardy, Xigduo etc.), or a dipeptidyl peptidase IV (DPP-4) inhibitor (e.g. alogliptin, Januvia, Onglyza, Tradjenta etc.) as evidenced by an A1c of greater than or equal to 7 percent in the last 3 months?

Yes

No

Q6. If no, does the patient have ONE of the following contraindications?

- Reduced renal function (eGFR 45mL/min/m² or less)
- Urinary frequency due to BPH, LUTS, bladder spasm, etc.
- Recurrent genital fungal infection
- Recurrent urinary tract infection
- Intolerance to an SGLT2 or DDP4 inhibitor
- None of the above

Q7. Does the patient have an A1c of greater than or equal to 7 percent in the last 3 months?

Yes

No

Q8. Additional comments:

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-650-3279. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

Prescriber Signature

Date

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