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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Fortamet® (metformin ER), Glucophage XR®, Glumetza® (metformin ER) Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Patient Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information <small>(required)</small>	
Select the diagnosis below:	
<input type="checkbox"/> Type 2 diabetes mellitus	
<input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	

<p>Medication history:</p> <p>Does the patient have a history of a trial of metformin extended-release [ER] (generic Fortamet)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, select the duration of trial: <input type="checkbox"/> 30 day trial <input type="checkbox"/> ≥ 12 week trial</p> <p>Will medical records (e.g., chart notes, laboratory values) documenting an inadequate response to metformin ER (generic Fortamet) as evidenced by a Hemoglobin A1c level above patient's goal for patient with diabetes diagnosis be submitted to <i>OptumRx</i>® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will medical records (e.g., chart notes, laboratory values) documenting an intolerance to metformin ER (generic Fortamet) which is unable to be resolved with attempts to minimize the adverse effects where appropriate (e.g., dose reduction) be submitted to <i>OptumRx</i>® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a history of a trial of metformin ER (generic Glucophage XR)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, select the duration of trial: <input type="checkbox"/> 30 day trial <input type="checkbox"/> ≥ 12 week trial</p> <p>Will medical records (e.g., chart notes, laboratory values) documenting an inadequate response to metformin ER (generic Glucophage XR) as evidenced by a Hemoglobin A1c level above patient's goal for patient with diabetes diagnosis be submitted to <i>OptumRx</i>® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will medical records (e.g., chart notes, laboratory values) documenting an intolerance to metformin ER (generic Glucophage XR) which is unable to be resolved with attempts to minimize the adverse effects where appropriate (e.g., dose reduction) be submitted to <i>OptumRx</i>® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient have a history of a trial of metformin immediate-release (IR)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, select the duration of trial: <input type="checkbox"/> 30 day trial <input type="checkbox"/> ≥ 12 week trial</p> <p>Will medical records (e.g., chart notes, laboratory values) documenting an inadequate response to metformin IR as evidenced by a Hemoglobin A1c level above patient's goal for patient with diabetes diagnosis be submitted to <i>OptumRx</i>® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will medical records (e.g., chart notes, laboratory values) documenting an intolerance to metformin IR which is unable to be resolved with attempts to minimize the adverse effects where appropriate (e.g., dose reduction) be submitted to <i>OptumRx</i>® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>**Please note: Chart documentation of the above is required to be submitted along with this fax</i></p>

<p>For Glumetza (metformin ER) and brand Fortamet, also answer the following:</p> <p>Will article(s) published in the peer-reviewed medical literature showing that the requested drug is likely to be more efficacious to this patient than metformin extended-release (generic Glucophage XR) be submitted to <i>OptumRx</i>® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>**Please note: Chart documentation of the above is required to be submitted along with this fax</i></p>

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Office use only: Fortamet-GlucophageXR-Glumetza_Comm_2018Nov-W



**Fortamet[®] (metformin ER), Glucophage XR[®], Glumetza[®] (metformin ER)
Prior Authorization Request Form (Page 2 of 2)**

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Reauthorization:

Has the patient experienced an objective response to therapy demonstrated by an improvement in HbA1c from baseline? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note:

This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.