This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: NovoLogProducts_CMS_2019Jul-W
Has the patient been on an external insulin infusion pump prior to enrollment in Medicare and has documented frequency of glucose self-testing an average of at least 4 times per day?  
- Yes  
- No

Does the patient have a fasting blood sugar less than or equal to 225mg/dL?  
- Yes  
- No

Does the patient have a Beta cell autoantibody test that is positive?  
- Yes  
- No

Select ONE of the following:
- NovoLog is administered at home (not including facility providing skilled nursing care)
- The patient is in a long-term care (LTC) facility (e.g., hospital or skilled nursing facility where patient is receiving skilled care)

Prescriber attestation:
Does the prescriber attest that the information provided on this form is true and accurate?  
- Yes  
- No

Prescriber signature: ___________________________________________  Date: ______________

(Please note: if a non-formulary exception is approved, the requested drug will process at the highest brand tier copay for the plan year)

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.  
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.  
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.