

**Health New England
Medication Request Form (MRF)**

Symlin[®] (pramlintide)

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Prior Authorization

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

Instructions:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Symlin[®]. Please complete this form and fax to MedMetrics Health Partners at (800) 550-9246. If you have any questions regarding this process, please contact MedMetrics clinical call center at (866) 209-1057.

Medication Request Information (please complete each section of this form prior to transmittal):

Patient Information (all required)	Physician Information (all required)
Patient Name:	Physician Name:
	Specialty:
	NPI #:
Patient HNE ID#:	HNE Provider #:
Patient Date of Birth:	DEA #:
Allergies:	Area Code and Telephone #: () -
Diagnosis:	Area Code and Fax # (required): () -

Drug Information

Requested Drug / Strength:	<input type="checkbox"/> Symlin [®]	
Dose, directions and length of treatment (please be specific):	Quantity:	Refills:
Physician signature:	Date:	
Indication:		
<input type="checkbox"/> Diabetes <input type="checkbox"/> Other (please describe): _____		

Documentation of Medical Necessity (check all that apply):

- Patient has been started and stabilized on Symlin[®]
- Patient is over 18 years old
- Patient is currently optimized on insulin therapy
- Patient's Hemoglobin A1c > 7% despite >90 days of insulin therapy
- Patient is compliant with their current insulin regimen
- Patient is compliant with self-monitoring of blood glucose concentrations
- Patient does not have a history of recurrent severe hypoglycemia requiring assistance during the past 6 months, does not have hypoglycemia unawareness, does not have a confirmed diagnosis of gastroparesis or is using medications that stimulate gastrointestinal motility. If yes, to any of the above please explain: