

**Prior Authorization Request Form for Thiazolidinediones (TZDs) –**  
Actos, Actoplus Met, Actoplus Met XR, Duetact, Avandia, Avandamet, and Avandaryl



**JOHNS HOPKINS**  
M E D I C I N E

JOHNS HOPKINS  
HEALTHCARE

7231 Parkway Drive, Suite 100, Hanover, MD 21076

**FAX Completed Form and  
Applicable Progress Notes to:  
(410) 424-4037**

## USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**Questions?** Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

**Step 1** Please complete patient and physician information (please print):

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
	_____		_____
Sponsor ID #	_____	Phone #:	_____
Date of Birth:	_____	Secure Fax #:	_____

**Step 2** Please complete the clinical assessment:

1. Has the patient tried at least ONE of the following and failed to achieve glycemic control: <b>METFORMIN</b> (alone or in combination) or a <b>SULFONYLUREA</b> (alone or in combination)?	Yes Sign and date below	No Proceed to question 2
2. Has the patient experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or a history of lactic acidosis?	Yes Sign and date below	No Proceed to question 3
3. Has the patient experienced the following adverse event while receiving a sulfonylurea: hypoglycemia requiring medical treatment?	Yes Sign and date below	No Proceed to question 4
4. Does the patient have a contraindication to BOTH metformin and a sulfonylurea?	Yes Sign and date below	No Coverage not approved

**Step 3** I certify the above is true to the best of my knowledge.

Please sign and date:

_____	_____
Prescriber Signature	Date

Effective date: 4 May 2011

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: _____ month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: