Phoenix Pharmacy Benefits Management

Phoenix Benefits Management manages the pharmacy drug benefit for your patient. Certain request for coverage require review with the prescribing physician. Please answer the questions and fax this form back to **888.835.3383**. Please note any information left blank or illegible could delay the review process.

DIABETIC MEDICATION REVIEW

Member Name: Provider Name:

ID Number: Provider NPI:

Rx GRP: Provider Phone:

Date of Birth: Provider Fax:

Member Phone:

Medication Name and Dosage and Directions: Diagnosis:

Is this a current Medication? If yes, how long has the patient been taking? Any side effects?

Has patient tried the following treatments? Please include dose and duration tried and any side effects.

- Metformin
- Glipizide, Glyburide, or another Sulfonylurea
- Thiazolidinediones (Pioglitazone, Rosiglitazone, etc)

Please list any other medications patient has or is currently using for diabetes.

Date of Labs:

- BMI:
- Weights:
- A1c:
- Blood Pressure:

Please list any other current medications with doses that patient is taking:

Follow up appointment date:

*Patient should be started on generic form first. Only with failed response or contraindication can brand be used.

Physician Signature: Date: