**Kaiser Permanente Health Plan of Mid-Atlantic States, Inc.**
**BASAGLAR (Insulin Glargine,Hum.Rec.Analog) Prior Authorization (PA)**
**Pharmacy Benefits Prior Authorization Help Desk**
**Length of Authorizations: Initial- 12 months; Continuation- 12 months**

**Instructions:**

This form is used by Kaiser Permanente and/or participating providers for coverage **BASAGLAR (Insulin Glargine, Hum.Rec.Analog).** Please complete all sections, incomplete forms will delay processing. Fax this form back to Kaiser Permanente within 24 hours fax: 1-866-331-2104. If you have any questions or concerns, please call 1-866-331-2103.

**Requests will not be considered unless all sections are complete.**

**KP-MAS Formulary can be found at:** Pharmacy | Community Provider Portal | Kaiser Permanente

## 1 – Patient Information

Patient Name: _____ Kaiser Medical ID#: _____ Date of Birth: _____

## 2 – Prescriber Information

Prescriber Name: _____ Specialty: _____ NPI: _____

Prescriber Address: _____

Prescriber Phone #: _____Prescriber Fax #: _____

Do you have an approved provider referral number from Kaiser Permanente?
□ Yes – please provide your provider referral number here: _____

## 3 – Pharmacy Information

Pharmacy Name: _____ Pharmacy NPI: _____

Pharmacy Phone #_____ Pharmacy Fax #: _____

## 4 – Drug Therapy Requested

Drug 1: Name/Strength/Formulation: _____
Sig: _____

Drug 2: Name/Strength/Formulation: _____
Sig: _____

## 5– Diagnosis/Clinical Criteria

1. Is this request for initial or continuing therapy?
   □ Initial therapy □ Continuing therapy, state start date: _____

2. Indicate the Member's diagnosis for the requested medication: _____

**Clinical Criteria:**

1. Has the patient tried and failed prior therapy with insulin glargine-yfgn (unbranded Semglee)?
   □ No □ Yes

2. Is this being prescribed for at least one of the following patient populations?
   - Type 1 Diabetes as basal insulin?
     □ No □ Yes
   - Pediatric patients?
     □ No □ Yes
   - Gestational diabetes, pregnant patients (these patients will be moved to NPH after birth or termination of pregnancy)?
     □ No □ Yes
   - Patients with documented intolerance/allergy to Humulin N or Humulin 70/30?
     □ No □ Yes
   - Type 2 Diabetes who experienced significant hypoglycemia, defined as, 2 to 3 episodes of blood glucose < 70 mg/dL on separate days in 1 week despite NPH insulin dose reduction or hypoglycemia resulting in coma/seizure, or any episode necessitating assistance from someone else or use of glucagon/emergency services?
     □ No □ Yes
   - Type 2 Diabetes that requires ultra-long acting insulin due to work (i.e., night shift work where hours of sleep are significantly and repeatedly varied over time, frequent time-zone travelers)?
     □ No □ Yes

3. If prescribing insulin PEN, does the patient meet at least one of the criteria below?
   - Unable to draw up insulin accurately from a vial with a syringe due to young age, visual impairment, physical disabilities (e.g. amputation, tremors/Parkinson's disease, rheumatoid arthritis)?
     □ No □ Yes
   - OR requires small doses of insulin (<5 units per dose)?
     □ No □ Yes
   - OR pediatric patient who is required to use such a device by their school?
     □ No □ Yes

**For Continuation of Therapy, Please Respond to Additional Questions Below:**

1. Is the member currently on therapy, not a new start?
   □ No □ Yes

**6 – Prescriber Sign-Off**

**Additional Information –**

1. **Please submit chart notes/medical records for the patient that are applicable to this request.**
2. **If member has not tried preferred agent(s) please provide rationale/explanation and any additional supporting information that should be taken into consideration for the requested medication:**

_____
_____
_____

**I certify that the information provided is accurate. Supporting documentation is available for State audits.**

| **Prescriber Signature:** | **Date:** |
|---|---|
| Please Note: This document contains confidential information, including protected health information, intended for a specific individual and purpose. The information is private and legally protected by law, including HIPAA. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. Please notify sender if document was not intended for receipt by your facility | |