



MEDICAID / CHIP
PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Hypoglycemics - SGLT-2 Inhibitors

Phone: 866-841-7659

Fax back to: 866-240-3712

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Member Name:	Prescriber Name:	
Member ID Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Member Phone Number:	NPI:	PA PROMISe ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):	
Drug Name:	Strength:	
Quantity:	Refills:	
Directions:		
Diagnosis Code:	Diagnosis:	

Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this a request for a non-preferred Hypoglycemic - SGLT2 Inhibitor?

Yes

No

Q2. Does the patient have a history of therapeutic failure of or a contraindication or an intolerance to the preferred Hypoglycemics - SGLT2 Inhibitors approved or medically accepted for the beneficiary's diagnosis?

Yes

No

Q3. Is this a request for a Hypoglycemic, SGLT2 Inhibitor when there is a paid claim for another Hypoglycemic - SGLT2 Inhibitor?

Yes

No

Q4. Is the patient being transitioned to or from another Hypoglycemic - SGLT2 Inhibitor with the intent of discontinuing one of the medications?

Yes

No

Q5. Has the prescriber provided a medical reason for concomitant use of the requested medications that is supported by peer-reviewed literature or national treatment guidelines?



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Member Name:	Prescriber Name:
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<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q6. Additional Information:

Prescriber Signature

Date

v2026-06