



Symlin® (pramlintide) Prior Authorization Request Form

Please fax the completed request form to Mercy Health Plans' Pharmacy Department at 314-214-8201 or 800-466-9854. For additional information call 314-214-8282 or 800-647-2240.

Patient Name: Today's Date:
Patient Pharmacy ID: Date of Birth:
Requesting Physician: Specialty:
Office Contact Person: Phone #:
Office Address:
Medication/dose Requested: Fax #:
Expected Duration of Therapy: ICD-9

Table with 10 rows of questions regarding diabetes diagnosis and treatment, with Yes/No columns.

Physician's Signature: Date:

For Mercy Health Plans use only: Approved Length of Approval
Denied Reason for Denial
Reviewer's Signature: Date Reviewed:
Override Entered in Caremark CCMS for - by
Office Notified on ; at am/pm; by spoke to