Horizon NJ Health

Metformin Step Therapy – Medical Necessity Request

Diagnosis/Drug Information (please indicate diagnosis and answer related questions):

1. What is the member’s diagnosis?
   - Type II Diabetes
   - Other: _________________________________

2. What drug is being requested? _________________________________

3. Is the member currently taking the requested medication? Yes or No

4. Has the member tried metformin?
   - Yes: Why was metformin discontinued? If discontinued due to specific side effect/intolerance, please list the specific intolerance the member experienced.
     __________________________________________________________
     __________________________________________________________

   - No: Would the prescriber consider prescribing metformin?
     - Yes: Please call the prescription for metformin in to the pharmacy
     - No: Please provide clinical reasoning why metformin cannot be tried.
     __________________________________________________________
     __________________________________________________________
     __________________________________________________________