

PRIOR AUTHORIZATION REQUEST FORM

Patient Information:

- Name: John Doe
- Date of Birth: 15/03/1975
- Insurance ID: BCBS123456789
- Provider: Dr. Sarah Smith

Treatment Requested:

- Medication: Ozempic (Semaglutide)
- Diagnosis: Type 2 Diabetes (ICD-10: E11.9)
- Previous Treatments: Metformin (6 months), Glipizide (3 months)

Clinical Justification:

- HbA1c: 8.5% (last test: 15/04/2024)
- BMI: 32.1
- Failed to achieve glycemic control with first-line therapies
- No contraindications noted

Physician Signature: __[Sign Here]__

Date: 20/04/2024