

**Delaware Medicaid and Medical Assistance
Request for Prior Authorization - Pramlintide Acetate (Symlin®) Injection**

Submit request via: Fax – 1-302-454-0224 or Website – WWW.DMAP.STATE.DE.US

Pramlintide (Symlin®) is a synthetic analog of human amylin, a naturally occurring neuroendocrine hormone synthesized by pancreatic beta cells that contributes to glucose control during the postprandial period.

Covered Conditions:

- Type 1 diabetes, as an adjunct treatment in patients who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy.
- Type 2 diabetes, as an adjunct treatment in patients who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy, with or without a concurrent sulfonyleurea agent and/or metformin.

General Requirements:

- ≥18 years of age
- Documentation of inadequate glycemic control through HgbA1c between 7%-9% over the course of two (2) separate laboratory tests
- No history or diagnosis of gastroparesis
- No history of use of medications that stimulate gastrointestinal motility
- No history of recurrent severe hypoglycemia requiring assistance during the past six (6) months
- Dosage and administration consistent with FDA dosing guidelines

Authorization

Client Name: _____

DOB: _____ Medicaid Number: _____

Practitioner Name: _____ Provider Number: _____

Current therapy: _____

Most recent HgbA1c: _____

Office Phone Number: _____ Office Fax Number: _____

Date: _____

Additional Comments: