

**HealthPAC HIV Access Form for Rosiglitazone (Avandia®) Use in Type 2 Diabetes**

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After considering the available data on the cardiovascular risks of rosiglitazone ((Avandia®) the FDA has decided to place all products containing rosiglitazone (Avandia®, Avandaryl™ and Avadamet™) under patient informed consent requirements for continued or initiation of therapy with these medications. The HealthPAC HIV Program has determined that the program will continue to cover rosiglitazone (Avandia®) **by prior authorization ONLY**. Only one submission is required per patient

Complete the appropriate section listed below for determination of treatment authorization

<b>Section 1: Patient Information</b>		
Patient Name _____		Program ID #: _____
Last Name	First Name	
Patient DOB _____		
<b>Section 2. Rosiglitazone (Avandia®) access for existing HealthPAC HIV clients newly initiating rosiglitazone and for those clients who previously received rosiglitazone through another payer. All three criteria must be met</b>		
YES NO		
<input type="checkbox"/>	<input type="checkbox"/>	1. This patient has signed an informed consent form according to the published FDA guidelines on the use of rosiglitazone. <u>A copy of the client signed informed consent has been faxed along with this prior authorization form.</u>
<input type="checkbox"/>	<input type="checkbox"/>	2. Patient is unable to achieve glycemic control on other medications and after consultation with their physician decides not to take pioglitazone (Actos®) for medical reason(s).
<input type="checkbox"/>	<input type="checkbox"/>	3. Prescriber has exhausted all other diabetic therapies and there is a documented lack of alternatives for this patient. <u>A list of failed therapies has been faxed with this prior authorization.</u>
<b>Section 3. Rosiglitazone (Avandia®) access for HealthPAC clients continuing treatment</b>		
<i>Complete this section if patient is currently taking rosiglitazone. Both conditions must be met</i>		
YES NO		
<input type="checkbox"/>	<input type="checkbox"/>	1. This patient has signed an informed consent form according to the recently published FDA guidelines on use of rosiglitazone. <u>A copy of the client signed informed consent has been faxed along with this prior authorization form.</u>
<input type="checkbox"/>	<input type="checkbox"/>	2. Prescriber has exhausted other diabetic therapies and there is a documented lack of alternatives for this patient. <u>A list of failed therapies has been faxed with this prior authorization.</u>
DATE:	To the best of my knowledge, I certify that the above is accurate and true.	
Prescriber Name	Prescriber Signature	
Phone #	Fax #	DEA #
Pharmacy Name	NABP/NPI #	
Phone #	Fax #	