



**REQUEST FOR DRUG EVALUATION**  
 (To be used for requesting long-acting sulfonylurea Medicare exceptions and coverage determinations)

**FAX: 1-800-956-2397**

**Long-Acting  
 Sulfonylureas  
 \*MEDICARE\***

Please complete ALL of the following Patient/Physician information:

Patient Name: (Please print)		Patient Birthdate:	
Patient ID #:		MD Specialty:	
MD Name:		MD Phone #:	
MD NPI #:		MD Fax #:	

Medication:	Strength:	Quantity	Directions for use

The patient's diagnosis:  Type 2 Diabetes Mellitus  
 Other: \_\_\_\_\_

According to the most recent guidelines from the American Geriatrics Society, the use of long-acting sulfonylureas such as glyburide-containing medications and chlorpropamide should be avoided in older adults. Long-acting sulfonylureas pose a higher risk of severe, prolonged hypoglycemia in this patient population. Safer therapeutic alternatives include glimepiride and glipizide (immediate- or extended-release).

**Previous Therapies:**

1. Has the patient had a failure or intolerance to any of the following:

a) **Glimepiride**  No  Yes      If yes, dates trialed \_\_\_\_\_ to \_\_\_\_\_  
 Adverse Reaction       Drug not effective  
 Please explain: \_\_\_\_\_

b) **Glipizide or Glipizide ER/XL**  No  Yes      If yes, dates trialed \_\_\_\_\_ to \_\_\_\_\_  
 Adverse Reaction       Drug not effective  
 Please explain: \_\_\_\_\_

**Other Comments/Justification:**

I certify that the above information is true and accurate to the best of my knowledge.

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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