P.O. Box 8738
Dayton, OH 45401-8738

Diabetes Test Strips Prior Authorization Request Form

PHARMACY FAX # 866-930-0019

Note: Prior Authorization Requests without clinical justification or previous products noted will be considered INCOMPLETE; illegible or incomplete forms will be returned.

PATIENT INFORMATION

Patient Name			Date
CareSource ID	DOB	Gender: M/F	
Medication Allergies			
Pharmacy		Pharmacy Phone	

PROVIDER INFORMATION

Prescriber Name	NPI #	DEA #
Prescriber Specialty	Prescriber Address	
Office Fax	Phone	Office Contact Name

PRODUCT REQUESTED

Non-preferred product requested	☐ Blood glucose meter (*name*)	
	☐ Blood glucose test strips (*name*)	
Directions	Quantity	Refills

CLINICAL JUSTIFICATION*

1. Did the patient try all of the preferred products from the preferred manufacturer? *Check all that apply and <u>submit supporting documentation</u>.*

Freestyle Meters	**Freestyle Test Strips**	**Other Meters**	**Other Test Strips**
☐ Freestyle Lite	☐ Freestyle Lite	☐ Precision Xtra	☐ Precision Xtra
☐ Freestyle Freedom Lite	☐ Freestyle Freedom Lite		
☐ Freestyle Insulinx	☐ Freestyle Insulinx		

2. Why can't the patient use any of the preferred blood glucose meters and/or strips? (*Document reason(s) in the space provided and submit supporting documentation.*)

3. **If the request exceeds the quantity limits of 1 meter per 365 days and/or 6 strips per day,** *document reason(s) for exceeding the quantity limits in the space provided and submit supporting documentation.*

Provider Signature	Date

**In order to process this request, please complete all boxes completely.*

CareSource will review and issue a decision within 24 hours of the original receipt of a pharmacy prior authorization request if received by 5:00pm on Friday with the exception of weekends and CareSource designated holidays.

This facsimile and any attached document are confidential and are intended for the use of the individual or entity to which it is addressed. If you have received this in error, please notify us by telephone immediately 1-844-607-2831.