



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

Visit go.covermymeds.com/OptumRx to begin using this free service.

Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Diabetic Test Strips Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information <small>(required)</small>			
Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information <small>(required)</small>
Select the requested product below: <input type="checkbox"/> Blood Glucose Meter (Please provide the brand name: _____) <input type="checkbox"/> Test Strips (Please provide the brand name: _____)

Select the products the patient has a trial of: <input type="checkbox"/> Accu-Chek test strips (e.g., Accu-Chek Aviva, Accu-Chek Compact) <input type="checkbox"/> OneTouch test strips (e.g., OneTouch Basic, OneTouch Sure Step)

Clinical information: Is the requested test strip the only product that will interface with the patient's insulin pump? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the requested glucometer the only product that will interface with the patient's insulin pump? <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Abbott test strips and meters, answer the following: Do ALL of the following apply to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> Patient is currently using an OmniPod Insulin Pump Patient is requesting only FreeStyle test strips Patient is not requesting FreeStyle Insulinx, FreeStyle Lite, FreeStyle Precision Neo or Precision Xtra test strips Do ALL of the following apply to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> Patient is currently using a FreeStyle Libre Flash Glucose Monitoring System Patient is requesting only FreeStyle Precision Neo test strips Patient is not requesting FreeStyle, FreeStyle Insulinx, FreeStyle Lite, or Precision Xtra

For Roche test strips and meters, answer the following: Do ALL of the following apply to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> Patient is currently using an Accu-Chek Combo insulin pump Patient is requesting only Accu-Chek Aviva Plus test strips Patient is not requesting Accu-Chek Compact, Accu-Chek Compact Plus, or Accu-Chek Smartview test strips

Medical records: Will medical records documenting a physical or mental limitation that makes utilization of one of the Lifescan diabetic meter/test strip products unsafe, inaccurate or otherwise not feasible (e.g., manual dexterity) be submitted to <i>OptumRx</i> ® with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Lifescan diabetic meter/test strip products include: One Touch UltraMini meter (One Touch Ultra test strips), One Touch Ultra 2 meter (One Touch Ultra test strips), One Touch Verio meter (One Touch Verio test strips), One Touch Verio IQ meter (One Touch Verio test strips) and One Touch Verio Sync meter (One Touch Verio test strips)]</i> **Please note: Chart documentation of the above is required to be submitted along with this fax
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Quantity limit requests: What is the quantity requested per month? _____ Does the physician confirm that the patient requires a greater quantity because of more frequent blood glucose testing (e.g., patients on intravenous insulin infusions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. **If you are not the intended recipient, please notify the sender immediately.**

Office use only: DiabeticTestStrips_Comm_2018Nov-W



Diabetic Test Strips Prior Authorization Request Form (Page 2 of 2)

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Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note:

This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.