



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 Testing Supplies Prior Authorization Request Form

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>												
<p>The following is a list of preferred blood glucose meters and test strips:</p> <p>Please consider switching to one of the preferred products.</p> <p>If switching to a preferred product, please notify the pharmacy of the change.</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Preferred Products: Blood Glucose Meters and Test Strips</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">OneTouch® Verio® with OneTouch® Verio® test strips</td> </tr> <tr> <td style="padding: 5px;">OneTouch® Verio® IQ with OneTouch® Verio® test strips</td> </tr> <tr> <td style="padding: 5px;">OneTouch® Verio® Flex with OneTouch® Verio® test strips</td> </tr> <tr> <td style="padding: 5px;">ACCU-CHEK® Nano SmartView with ACCU-CHEK® SmartView test strips</td> </tr> <tr> <td style="padding: 5px;">ACCU-CHEK® Aviva Plus with ACCU-CHEK® Aviva Plus test strips</td> </tr> <tr> <td style="padding: 5px;">ACCU-CHEK® Guide with ACCU-CHEK® Guide Test Strips</td> </tr> </tbody> </table>						Preferred Products: Blood Glucose Meters and Test Strips	OneTouch® Verio® with OneTouch® Verio® test strips	OneTouch® Verio® IQ with OneTouch® Verio® test strips	OneTouch® Verio® Flex with OneTouch® Verio® test strips	ACCU-CHEK® Nano SmartView with ACCU-CHEK® SmartView test strips	ACCU-CHEK® Aviva Plus with ACCU-CHEK® Aviva Plus test strips	ACCU-CHEK® Guide with ACCU-CHEK® Guide Test Strips
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<p>Select ONE of the following:</p> <p><input type="checkbox"/> The patient will be switched to a preferred product. Please notify the pharmacy of the change.</p> <p><input type="checkbox"/> The patient CANNOT be switched to any of the available preferred products. Please answer the following questions below</p>												
<p>If the patient cannot be switched to any of the available preferred products, select the reason(s) or special circumstance(s) that a preferred test strip/glucometer cannot be used:</p> <p><input type="checkbox"/> Medically necessary justification (e.g., mental or physical limitation) why the patient needs to remain on their current glucometer/test strip</p> <p><input type="checkbox"/> Patient has a vision problem/blindness that requires the use of a special glucometer/test strip</p> <p><input type="checkbox"/> Patient is currently on an insulin pump or an insulin delivery device (e.g., OmniPod) that requires a specific glucometer/test strip</p>												
<p>Please provide any other information the physician feels is important that should be considered for this review:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>												

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.
 If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
 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.

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.**
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