pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Medical Assistance Programs
Fee-for-Service, Pharmacy Division
Phone 1-800-537-8862 Fax 1-866-327-0191

DIABETIC BLOOD GLUCOSE METERS & TEST STRIPS PRIOR AUTHORIZATION FORM

- **Please submit all requested documentation with this form. Incomplete documentation may delay the processing of this request.**
- Prior authorization guidelines for **Diabetic Meters**, **Diabetic Strips**, and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at http://www.dhs.pa.gov/provider/pharmacyservices/drugsrequiringclinicalpriorauthorization.

PRIOR AUTHORIZATION REQUEST INFORMATION		PRESCRIBER INFORMATION	
☐New request ☐Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		State license #:	
Facility contact/phone:		NPI:	MA Provider ID#:
RECIPIENT INFORMATION		Street address:	
Recipient Name:		Suite #:	City/state/zip:
Recipient ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

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

1. Did the Recipient try all of the preferred products from both of the preferred manufacturers? *Check all that apply and submit supporting documentation.*

Lifescan meters	**Lifescan strips**	**Trividia meters**	**Trividia strips**
☐OneTouch Ultra2	☐OneTouch Ultra	☐True Metrix	☐True Metrix
☐OneTouch Ultra Mini	☐OneTouch Verio	☐True Metrix Air	
☐OneTouch Verio		☐True Metrix Go	
☐OneTouch Verio IQ			

2. Why can't the Recipient 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 5 strips per day**, *document reason(s) for exceeding the quantity limits in the space provided and submit supporting documentation.*

PLEASE FAX COMPLETED FORM WITH SUPPORTING CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	**Date:**