



Continuous Glucose Monitors Prior Authorization Request Form

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Member Information (required)			Provider Information (required)		
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 (required)					
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 (required)					
Select the requested medication below: Preferred Products: <input type="checkbox"/> Dexcom G6 <input type="checkbox"/> Dexcom G7 <input type="checkbox"/> FreeStyle Libre 14 <input type="checkbox"/> FreeStyle Libre 2 <input type="checkbox"/> FreeStyle Libre 3			Select the requested medication below: Non-Preferred: <input type="checkbox"/> List:		
<input type="checkbox"/> Guardian 3 <input type="checkbox"/> Guardian 4 <input type="checkbox"/> Guardian Link 3 <input type="checkbox"/> Guardian Connect					
Select the diagnosis below: <input type="checkbox"/> Type 1 diabetes mellitus <input type="checkbox"/> Gestational diabetes mellitus <input type="checkbox"/> Type II diabetes mellitus <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____					
Clinical information: For diagnosis of Type II diabetes mellitus: Is the patient using rapid or short acting insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? _____ How often does the patient use rapid or short acting insulin? _____					
Non-preferred product request: If a request for a non-preferred agent is medically necessary or required for a particular member, prescriber must provide a brief summary for use of the non-preferred agent over a preferred alternative _____ _____					

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 1-855-401-4262.
This form may be used for non-urgent requests and faxed to 1-844-403-1029.

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