

**BLOOD GLUCOSE METERS & TEST STRIPS PRIOR AUTHORIZATION FORM** *(Form effective 1/1/20)*

Prior authorization guidelines for **Blood Glucose Meters and Test Strips** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan's website at <https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:		NPI:	State license #:	
Facility contact/phone:			Street address:	
Beneficiary name:			Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:	

**CLINICAL INFORMATION**

<b>Product requested:</b>	<input type="checkbox"/> Blood glucose meter ( <i>name</i> ):		
	<input type="checkbox"/> Blood glucose test strips ( <i>name</i> ):		
Testing frequency:	Quantity:	Refills:	
Is the beneficiary pregnant?	<input type="checkbox"/> Yes – <i>Submit documentation.</i>		<input type="checkbox"/> No
Does the beneficiary use insulin?	<input type="checkbox"/> Yes – <i>Submit documentation.</i>		<input type="checkbox"/> No
Does the beneficiary use an insulin pump?	<input type="checkbox"/> Yes – <i>Submit documentation.</i>		<input type="checkbox"/> No
<p><b><u>For non-preferred meters/test strips:</u></b> Did the beneficiary try the preferred meters/test strips from both of the preferred manufacturers? Indicate meters tried and <u>submit supporting documentation</u>. Refer to <a href="https://papdl.com/preferred-drug-list">https://papdl.com/preferred-drug-list</a> for a list of preferred and non-preferred Blood Glucose Meters and Test Strips.</p>			
<input type="checkbox"/> Ascencia/Contour: _____			
<input type="checkbox"/> Lifescan/One Touch: _____			
<p><b><u>For non-preferred meters/test strips:</u></b> Why can't the beneficiary use the preferred meters/test strips? Document reason(s) in the space provided and <u>submit supporting documentation</u>.</p>			
<p><b><u>For requests that exceed the quantity limits of 1 meter per 365 days and/or 3 strips per day,</u></b> Document reason(s) for exceeding the quantity limits in the space provided and <u>submit supporting documentation, including testing logs.</u></p>			

Please submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:	Date:
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