



# Diabetic Test Strips and Meters

(other than Abbott or Roche products)

## Medication Request Form (MRF) for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW)

**FAX TO: (858) 790-7100**

**c/o MedImpact Healthcare Systems, Inc.**

Attn: Prior Authorization Department

10181 Scripps Gateway Court, San Diego, CA 92131 - Phone: 1-844-336-2677

**Instructions:**

This form is to be used by participating providers to obtain coverage for the drug listed above, which requires prior authorization. Please complete this form and fax it to MedImpact Healthcare Systems, Inc. at (858) 790-7100. If you have any questions regarding this process, please contact MedImpact's Customer Service at 1-844-336-2677.

**Member/Provider Information:**

<b>MDwise Member's Name:</b>	<b>Provider's Name:</b>
<b>MDwise Member's ID #:</b>	<b>Provider's Specialty:</b>
<b>MDwise Member's DOB (mm-dd-yy):</b>	<b>Provider's DEA #:</b>   <b>Provider's NPI #:</b>
<b>Pharmacy used by MDwise Member:</b>	<b>Provider's (Area Code) Telephone Number/Contact Name:</b>
<b>Pharmacy (Area Code) Telephone Number:</b>	<b>Provider's (Area Code) Fax Number:</b>

**Clinical Information:**

<b>Requested Diabetic Test Strip or Meter (other than Abbott or Roche products):</b>	
<b>Quantity Requested:</b>	<b>Frequency of Testing:</b>
<b>Date Requested:</b>	<b>Length of Treatment (please be specific):</b>
<b>Documentation of Medical Necessity:</b>	
<p>1. Has the patient tried the preferred glucose (diabetic) meters and test strips manufactured by Abbott (e.g., FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle InsuLinx, Precision Xtra) or Roche (Accu-Chek 360, Accu-Chek Aviva, Accu-Chek Compact Plus)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the patient require the use of a non-preferred blood glucose test strip due to significant visual and/or cognitive impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is the prescriber requesting a non-formulary test strip due to a need for data management software? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does the patient require the use of a non-preferred blood glucose test strip based on his/her use of another manufacturer's companion insulin pump? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which pump is patient currently using? _____</p> <p>5. Additional information:</p>	