



An Anthem Company

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CONTAINS CONFIDENTIAL PATIENT INFORMATION
Blood Glucose Test Strips and Monitors
Prior Authorization of Benefits (PAB) Form
Complete form in its entirety and fax to:
Prior Authorization of Benefits Center at 1-844-474-3341

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Form with fields for Patient Name, ID, DOB, Date of Rx, Phone, Email, and Physician details (Prescribing Physician, Address, Phone, Fax, Specialty, DEA, NPI, Email Address).

3. MEDICATION

4. STRENGTH

5. DIRECTIONS

6. QUANTITY PER 30 DAYS

Form with lines for medication, strength, directions, and quantity per 30 days.

7. DIAGNOSIS:

8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Form with checkboxes for approval criteria: Patient has tried preferred strips, unable to use preferred strips (Manual dexterity, Visual impairments, Insulin pump), and Blood Glucose Test Strips Increased Quantity Request.

Blood Glucose Test Strips Increased Quantity Request:

Form with checkboxes for Blood Glucose Test Strips Increased Quantity Request: Patient is requesting greater than 100 test strips per 30 days.

9. PHYSICIAN SIGNATURE

Form with lines for Prescriber or Authorized Signature and Date.

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient. Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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