

## Blood Glucose Meter & Test Strips - NONPREFERRED

**Phone: 215-991-4300**
**Fax back to: 866-240-3712**

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

**PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.**

Member Name:		Prescriber Name:	
HPP Member Number:		Fax:	Phone:
Date of Birth:		Office Contact:	
Member Primary Phone:		NPI:	PA PROMISe ID:
Address:		Address:	
City, State ZIP:		City, State ZIP:	
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP		Specialty Pharmacy (if applicable):	
Drug Name:		Strength:	
Quantity:		Refills:	
Directions:			
Diagnosis Code:		Diagnosis:	
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>			

**Please attach any pertinent medical history including labs and information for this member that may support approval.**

***Please answer the following questions and sign.***

**Q1. Testing Frequency:**

**Q2. Quantity Requested:**

**Q3. Is the member pregnant?**

☐ Yes

☐ No

**Q4. Does the member use insulin?**

☐ Yes - Submit documentation

☐ No

**Q5. Does the member use an insulin pump?**

☐ Yes - Submit documentation

☐ No

**Q6. If using an insulin pump, are the requested testing supplies the only compatible product for the insulin pump?**

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Member Name:	Prescriber Name:
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes - List pump name in Additional Information</div><div><input type="checkbox"/> No</div></div>	
Q7. Is the member visually impaired? <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	
Q8. Did the member try the preferred meters/test strips from both of the preferred manufacturers? Indicate meters tried and submit supporting documentation. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	
Q9. List meters/test strips tried and failed.	
Q10. Why can't the member use the preferred meters/test strips? Document reason(s) in the space provided and submit supporting documentation.	
Q11. For requests that exceed 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, including testing logs.	
Q12. Additional Information:	

\_\_\_\_\_  
Prescriber Signature\_\_\_\_\_  
Date

v2025