



Prior Authorization Form
Diabetic Supplies

Access this PA form at https://tenncare.magellanhealth.com/static/docs/Prior\_Authorization\_Forms/TennCare\_Diabetic\_Supplies.pdf

If the following information is not complete, correct, or legible, the PA process can be delayed. Use one form per member please.

Member Information

LAST NAME:

Grid for last name input

FIRST NAME:

Grid for first name input

ID NUMBER:

Grid for ID number input

DATE OF BIRTH:

Grid for date of birth input

Prescriber Information

LAST NAME:

Grid for last name input

FIRST NAME:

Grid for first name input

NPI NUMBER:

Grid for NPI number input

DEA NUMBER:

Grid for DEA number input

PHONE NUMBER:

Grid for phone number input

FAX NUMBER:

Grid for fax number input

Meters

Table with columns: Johnson and Johnson Products, Bayer Products, Roche Products, Others. Rows include One Touch Ultra Mini, Breeze-2, Accu-chek Avia, etc.

Test Strips and Other Diabetic Supplies

Table with columns for various diabetic supplies: AgaMatrix, Bayer Contour, Bayer Breeze 2, Home Diagnostics, Johnson & Johnson One Touch, Roche Accu-chek Aviva Strips, etc.

REQUEST TO BACKDATE PA?

Yes No checkboxes

IF YES, REQUESTED PA DATE:

Clinical Criteria Documentation

\*\*\*Do not include documentation that is not requested on this form\*\*\*

- 1. Is the patient using an Insulin Pump? a) What type of Insulin Pump is the patient using? b) What type of meter is the patient using? c) What is the diagnosis code?
2. Does the patient require a specialized meter for vision impairment?

Please note any other information pertinent to this PA request:

Prescriber Signature (Required)

Date

(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Fax This Form to: 1-866-434-5523

Mail requests to: TennCare Pharmacy Program
c/o Magellan Health Services
1st floor South, 14100 Magellan Plaza
Maryland Heights, MO 63043
Phone: 1-866-434-5524

Magellan Health Services will provide a response within 24 hours upon receipt.

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