Jefferson Health Plans

MEDICAID / CHIP

PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Blood Glucose Meter & Test Strips - NONPREFERRED

Phone: 866-841-7659 **Fax back to: 866-240-3712**

Jefferson Health 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:	
Member ID Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Member Phone Number:	NPI:	*PA PROMISe ID:*
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Line of Business: ☐ Medicaid ☐ CHIP	*Specialty Pharmacy (if applicable):*	
Drug Name:	**Strength:**	
Quantity:	**Refills:**	
Directions:		
Diagnosis Code:	**Diagnosis:**	

Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..

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:

☐ Yes - List pump name in Additional Information ☐ No
Q7. Is the member visually impaired? ☐ Yes ☐ No
Q8. Did the member try the preferred meters/test strips from both of the preferred manufacturers? Indicate meters tried and submit supporting documentation. ☐ Yes ☐ No
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

v2026-06