



Cascade Health Alliance

Prescriber Diabetic Testing Supply Order Form Addendum-OHP

To be completed by physician if order exceeds the OHP testing guidelines:

- 100 strips/30 days for INSULIN TREATED
- 50 strips for 90 days for NON-INSULIN TREATED
- 100 strips/90 days TYPE 1 UNDER 19
- 150 strips/30 days GESTATIONAL

FROM: CHA PHARMACY SERVICES FAX: (541) 883-6104 PHONE: (541) 883-2497

TO: PROVIDER: _____ FAX _____ PHONE: _____

RE: PATIENT: _____ DOB: ___/___/___ CHA ID: _____

CURRENT RX ORDER: _____ SIG: _____

PLEASE RESPOND BY: ___/___/____. If we do not obtain adequate documentation of medical necessity to fill in excess of OHP Guidelines, please be advised that we will authorize the prescription according to OHP Testing Guidelines.

MEDICAL NECESSITY:

1. Diabetic treatment (select one) Insulin dependent non-insulin dependent
2. Diagnosis code (complete the appropriate code) E11.____ E10.____ O24.____
3. Patient co morbidities or conditions which require more frequent testing (include all that apply):
 - HTN Hypoglycemia Fluctuating Blood Sugar Uncontrolled Blood Sugar
 - Other (please specify) _____
4. Have you seen/evaluated the patient within the last six months? Yes No
Please attach a copy of your progress notes, lab test results, and/or other documentation indicating the need to test more than OHP guidelines.
5. Is the patient scheduled for, or has he/she completed training in use of the monitor, test strips, lancing devices in controlling blood sugar levels? Yes No
6. Please attach a copy of the patient's testing log for the last 60 days to corroborate the quantity of supplies requested matches the testing frequency of the patient

PROVIDER SIGNATURE: _____

DATE: ___/___/___