Quickfill Pharmacy

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| Physician Name:  Physician Address:  Physician Phone: | Physician Fax: |
| Patient Name:  Patient Address:  Patient DOB:  Patient Phone: | Medicare ID # |

DIAGNOSIS CODE: ICD-IO (Please check) O EIO.65 O EIO.9 0 Ell.65 0 Ell.8 O E11.9 Other:

O Dexcom G7 Receiver, 1 each (Restricted to 1 receiver every 3 years)

O Dexcom G7 Sensor, 1 each (Restricted to 3 sensors every 30 days up to 9 sensors in a 90-day period)

• Quantity Dispensed - 12 months, unless otherwise directed by prescriber.

O Baqsimi Nasal Spray 3mg 1 each - Use as directed (to treat severe hypoglycemia)

Diagnosis Requirement: A Diagnosis of either diabetes or gestational diabetes:

• Diabetes (Type 1 or Type 2) and ONE of the following other criteria:

PLEASE CHECK ALL THAT APPLY:

O Insulin -dependence based on regular insulin claim history in the past year or other documentation of regular insulin use; or

O History of problematic hypoglycemia with documentation demonstrating recurrent (more then one) level 2 hypoglycemic events (glucose <54 mg/dL [3.0mmol/L] that persist despite attempts to adjust medication(s) and/or modify the diabetes treatment plan within the past year.

O Gestational Diabetes:

Restricted to approval for the duration of the pregnancy and 12 months postpartum.

e Hemoglobin Alc (HbA1c) Requirement:

HbA1c value measured within eight months (fill out)



This patient has a diagnosis of diabetes; is treated with insulin; requires frequent adjustment of the insulin treatment regimen based on glucose results; and has been personally seen to evaluate their diabetes management within the last (6) months? O YES O NO (Please check)

Additional Notes:

Signature: Date:



NPI: