Quickfill Pharmacy
18455 Burbank Blvd, Ste 105
Tarzana, CA 91356
P (818) 457-4011 F (818) 457-4053 F (626) 508-7799

Physician Name:
Physician Address:
Physician Phone: Physician Fax:

Patient Name:
Patient Address:
Patient DOB:
Patient Phone: Medicare ID #

DIAGNOSIS CODE: ICD-10 (Please check) ☐ E10.65 ☐ E10.9 ☐ E11.65 ☐ E11.8 ☐ E11.9 Other: _____

☐ Dexcom G7 Receiver, 1 each (Restricted to 1 receiver every 3 years) `
*** Pharmacy will substitute Dexcom to Free Libre 3 Plus for Medicare Part B billed patients**
☐ 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.

☐ 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:

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

☐ 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.

☐ Gestational Diabetes:
Restricted to approval for the duration of the pregnancy and 12 months postpartum.

- Hemoglobin A1c (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? ☐ **YES** ☐ **NO (Please check)**

Additional Notes: _____

Signature: _____ Date: _____

NPI: _____

Not Valid For Arizona Patient's