Glucose Monitoring Supplies

Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:

☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Supplies Requested:

Therapeutic:

- ☐ Dexcom G6 sensors
- ☐ Dexcom G6 receiver
- ☐ Dexcom G6 transmitter
- ☐ Dexcom G7 Sensor
- ☐ Dexcom G7 Receiver
- ☐ Freestyle Libre 14-day sensors
- ☐ Freestyle Libre 10-day sensors
- ☐ Freestyle Libre 2 sensors
- ☐ Freestyle Libre 3 sensors
- ☐ Freestyle Libre 2 reader
- ☐ Freestyle Libre 3 reader
- ☐ Freestyle Libre 10-day reader
- ☐ Freestyle Libre 14-day reader

Non-Therapeutic:

- ☐ Dexcom G4 receiver kit
- ☐ Dexcom G4 (Ped) receiver kit
- ☐ Dexcom G4 receiver-share kit
- ☐ Dexcom G4 (Ped) receiver-share kit
- ☐ Dexcom G4 transmitter kit
- ☐ Dexcom G5 receiver kit
- ☐ Dexcom G5-G4 sensor kit
- ☐ Dexcom G5 transmitter kit
- ☐ Dexcom receiver kit
- ☐ Enlite glucose sensor
- ☐ Enlite System kit
- ☐ Eversense Sensor-Holder
- ☐ Eversense Smart transmitter
- ☐ Freestyle Navigator sensor kit
- ☐ Guardian Connect transmitter
- ☐ Guardian Link 3 transmitter
- ☐ Guardian Sensor 3
- ☐ Guardian 4 Sensor
- ☐ Guardian 4 Transmitter
- ☐ Minilink Real-Time transmitter
- ☐ Minimed 630G Guardian Start Kit
- ☐ Paradigm Real-time system
- ☐ Sof-Sensor
- ☐ Other: please specify - _____

HCPC/CPT Codes:

- ☐ A4238
- ☐ A9276
- ☐ A9277
- ☐ A9278
- ☐ E2102
- ☐ A4239
- ☐ E2103
- ☐ Other: _____

Directions for use: Quantity: Duration of therapy:
ICD10:

Where will the supplies be obtained?

- ☐ Express Scripts Pharmacy**
- ☐ DME Vendor
- ☐ Retail pharmacy
- ☐ Other (please specify):

**Cigna's nationally preferred specialty pharmacy*

Servicing Provider/Dispensing Vendor:
Name: State: Tax ID:
Address (city, state, zip code):

Phone: Fax:

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis:
☐ diabetes mellitus (DM) ☐ Other (Please specify):

Clinical Information:
(if DM) What is your patient's current diabetic regimen? Be sure to include types of insulin used (including the strength), pumps, etc. and how each is dosed daily.

(if DM) Is your patient on insulin? Yes ☐ No ☐

(if on insulin) Based on the information provided, does your patient's insulin regimen include multiple daily injections? Yes ☐ No ☐

(if no) Based on the information provided, is the patient receiving long-acting basal insulin (e.g. glargine, detemir, degludec, NPH)? Yes ☐ No ☐

(if no) Based on the information provided, is your patient using a continuous subcutaneous external insulin pump? Yes ☐ No ☐

Additional pertinent information: (*Please provide clinical support as to why your patient requires this particular continuous glucose monitoring reader/receiver/sensor/transmitter.)*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

Save Time! Submit Online at: www.covermymeds.com/main/prior-authorization-forms/cigna/ or via SureScripts in your EHR.

Our standard response time for prescription drug coverage requests is 5 business days. If your request is urgent, it is important that you call us to expedite the request. View our Prescription Drug List and Coverage Policies online at cigna.com.

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Address: Cigna Pharmacy Services, PO Box 42005, Phoenix AZ 85080-2005