

Diabetic Supplies Quantity Limit Exception Form



WEST VIRGINIA DEPARTMENT OF

HUMAN SERVICES

West Virginia Medicaid
Bureau for Medical Services

Rational Drug Therapy Program
WVU School of Pharmacy
PO Box 9511 HSCN
Morgantown, WV 26506
Fax: 1-800-531-7787
Phone: 1-800-847-3859



Patient Name (Last)	(First)	(M)	WV Medicaid 11 Digit ID#	Date of Birth (MM/DD/YYYY)
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Prescriber Name (Last)	(First)	(Credentials)
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Prescriber Address (Street)	(City)	(State)	(Zip)
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Prescriber 10-Digit NPI#	Phone # (111-222-3333)	Fax # (111-222-3333)
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Pharmacy Name (if applicable)

Pharmacy Address (Street)	(City)	(State)	(Zip)
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Pharmacy 10-Digit NPI#	Phone # (111-222-3333)	Fax # (111-222-3333)
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Important Notes: Preauthorization for medical necessity does not guarantee payment.
The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.

Supply Name (include brand and size/length, if applicable)	Diagnosis	ICD Diagnosis Code (if available)
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Directions	Duration (if applicable)
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Glucose testing strips/lancets are covered up to 150 strips/lancets per month. Insulin pen needles/syringes are covered up to 100 needles/syringes per month. To justify diabetic supplies exceeding covered limits, please provide a detailed, clinical rationale focusing on the patient's specific diagnosis, functional limitations, and why standard amounts are insufficient.

Other Pertinent Information.

For reauthorization requests, please also attach the patient's glucose testing log from the last 30 days

Attestation: Your signature (manually or electronically) certifies that the above request is medically necessary, does not exceed the medical needs of the member, and is documented in your medical records. Medical/Pharmacy records must be made available upon request.

Check here for electronic signature

Prescriber or Pharmacist Signature

Date:
(MM/DD/YYYY)