



If this is an urgent request, please call Chorus Community Health Plans Pharmacy Services.
 Otherwise, please return completed form.
 Phone: 844-201-4677 or Fax: 844-201-4675

Patient name:		Prescriber name:	
Member ID#:		Prescriber specialty:	
Date of birth:	Age:	Office contact:	
Drug name and strength:		NPI:	
Brand	Generic	Fax:	Phone:
Frequency:	Quantity dispensed (units):	If medication is ongoing, did the member show improvement while on therapy? Yes No N/A	
Generic equivalent drugs will be substituted for brand-name drugs unless you specifically indicate otherwise.			
Place of administration (if billing medically): Physician's office Hospital/Facility Patient home Other			
Please provide hospital/facility information (if billing medically): Name: _____ Phone: _____ Address: _____ _____		Please indicate how medication will be billed: Billed directly by the provider via JCODE JCODE: _____ Billed by a pharmacy and delivered to the provider Billed by a pharmacy and delivered to the patient	
Please indicate if an expedited review is needed by writing "Urgent" on the form. An expedited review will be considered when a condition exists that places the health or safety of the person afflicted with such condition or other person(s) in serious jeopardy.			
Q1. Is this request for pharmacy or DME billing?		Pharmacy billing	DME billing
If this request is for DME, please submit the request through the Provider Portal at chorushealthplansorg.			
Q2. Is this request for new therapy or continuation of therapy?		New	Continuation
Please provide start date of medication.			
Q3. What is the member's diagnosis?			
Type 1 diabetes	Type 2 diabetes	Gestational diabetes	Other
Please provide the member's diagnosis.			

Q4. What is the prescriber's specialty?

Endocrinology

Primary care

Other

Please provide the prescriber's specialty.

Q5. Is the member currently using multiple daily insulin injections?

Yes

No

Q6. Is the member using three or more daily insulin injections?

Yes

No

Q7. Is the member using a continuous subcutaneous insulin infusion pump (CSII)?

Yes

No

Q8. Is the member competent in the use of the CGMS and can interpret glucose results?

Yes

No

Q9. Are the disease self-management skills, knowledge, and behaviors evaluated and documented in the member's medical record at least every six months?

Yes

No

Q11. Are the CGM results downloaded during office visits and placed in the member's medical record?

Yes

No