



Updated: 01/01/2025



B. Is the patient currently being treated with a benzodiazepine at the same time as the requested medication?..... ☐ Yes ☐ No

i. **If YES**, please provide a clinical rationale in support of the concurrent use of a benzodiazepine with the requested medication: _____

6. Is the request for formulary diabetic test strips (Ascensia Contour or OneTouch)?..... ☐ Yes ☐ No

A. Is the quantity requested greater than the set quantity limit of #204 test strips per 30 days?..... ☐ Yes ☐ No

i. **If YES**, does the patient use an insulin pump?..... ☐ Yes ☐ No

a. **If YES**, please specify the particular product (such as Omnipod, Medtronic): _____

ii. **If YES to 6A.**, please provide a clinical rationale in support of the quantity requested, including how often the patient is testing their blood sugar (may submit medical records to support this request): _____

I certify that I have appropriate authority to request a coverage determination for the medication indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information.

Physician Signature: _____ Date: _____