

TANDEM PUMP, PUMP SUPPLY, CGM AND INSULIN PHYSICIAN ORDER / PRESCRIPTION

INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS INDICATED BY THE SEVEN NUMBERED CIRCLES
CORRECTIONS ON THIS FORM ARE NOT ACCEPTABLE, IF AN ERROR OCCURS; PLEASE CALL FOR A NEW FORM.

LENGTH OF NEED: DME = LIFETIME (99 months) / Pharmacy = 4 refills unless otherwise specified here _____.

PATIENT INFORMATION:

ORDER DATE:

NAME:	DOB:	PHONE:
ADDRESS:		

1 PATIENT'S DIAGNOSIS CODE SPECIFIC TO DIABETIC COMPLICATIONS? ICD-10 (CHECK BOX BELOW)

☐ E10.9 ☐ E10.65 ☐ E11.65 ☐ E11.9 **OTHER DX** _____

2 ITEMS TO BE DISPENSED – USE PER MANUFACTURER RECOMMENDATION

INSULIN PUMP: TANDEM ☐ T SLIM X2 CONTROL IQ or ☐ MOBI CONTROL-IQ Every 5 years.

PUMP SUPPLIES: MODEL AND SIZING PER PATIENT PREFERENCE.

FOR INSULIN CARTRIDGE AND INFUSION SET: CHANGE FREQUENCY: **4 refills per year**

☐ Every 3 days (Qty 30)

(Tru-Steel will be changed to every 2 days, per product instructions, unless prescriber indicates otherwise.)

☐ Every 2 days (Qty 50)

☐ Every 1 day (Qty 90)

3 CGM: BRAND AND MODEL PER PATIENT PREFERENCE. (Refills timing based on Insurance coverage.)

LIBRE 2 PLUS SENSOR or	Change Every 15 Days	Dispense: Six / 90 days	4 refills per year
DEXCOM G6 or G7 SENSOR	Change Every 10 Days	Dispense: Ten / 100 days	4 refills per year
DEXCOM G6 TRANSMITTER	Change Every 90 Days	Dispense: Two / 180 days	2 refills per year
DEXCOM G6 or G7 RECEIVER	Use Per Manufacturer Instructions	Dispense: One / 365 days	1 refills per year

4 INSULIN VIALS 100 units/mL: USE AS DIRECTED PER PRESCRIBER IN INSULIN PUMP.

☐ **INSULIN LISPRO (HUMALOG)** **DISPENSE:** Twelve 10mL vials or **Alt:** ____ 10mL vials/90 Days **4 refills per year**

5 PEN NEEDLES and SYRINGES: Inject insulin _____ times per day. (To Be Used in Case of Pump Failure)

DISPENSE: 100 Day Supply Based on Injection Frequency **4 refills per year**

STERILE WIPES: QTY BASED ON CHANGE AND INJECTION FREQUENCIES ABOVE 100 DAY SUPPLY **4 refills per year**

INSULIN COVERED BY MEDICARE PART B FOR PUMP PTS ONLY.

This document serves as a Prescription and/or Statement of Medical Necessity for the above referenced patient. I prescribe the following supplies in quantities based on frequencies written above: INSULIN– Vials J1817 or INSULIN ITEMS with NDCs for those who qualify under State/ Medicare/Payor Guidelines. CGM System, to include K0554 / E2103 / A9278 Reader / Receiver and SENSORS / SUPPLY ALLOWANCE – K0553 / A4239 / A9276, A9277. PUMP E0784 – INSULIN PUMP, A4230 – COMMERCIAL INFUSION SET / EACH, A4232 – COMMERCIAL CARTRIDGE / EACH, A4224 – MCR INFUSION SET / WEEK, A4225 – MCR CARTRIDGE / EACH

By my signature below, I confirm that all the information contained on this Physician Order form accurately reflects the patient's diabetic condition, and the treatment regimen which I am prescribing. This patient's medical records substantiate the items prescribed. I will maintain this signed original document in the patient's medical record for post-payment purposes. I agree to follow up on the patient every six (6) months while under my care for control of diabetes. I communicated to the patient/caregiver the recommended treatment plan, including potential risks, benefits, precautions and limitations of the products, including offlabel usage, which I authorize. The patient/caregiver is physically and intellectually able to follow instructions for controlling diabetes and to operate the items prescribed, and has been or is being trained in their use. DAW = 0, no product selection indicated, unless prescriber indicates otherwise _____. For Virginia patients, RPh is authorized to make copies of this order to circle one prescribed item per copy to meet the pharmacy law requirement of single item prescription. Nothing will be changed from this original order.

6 SIGNATURE:

7 DATE:

PRESCRIBER INFORMATION: PLEASE COMPLETE ANY DETAILS NOT ON FILE TO FACILITATE PROCESSING.

NAME:	NPI #:	FAX#:
EMAIL ADDRESS:	DEA#:	TIN:
OFFICE STREET ADDRESS:		
OFFICE CONTACT/ NOTES:		

THE ABOVE ITEMS MAY BE ELECTRONICALLY PRESCRIBED VIA PARACHUTE