Pharmacy Diabetic Supplies Limit Exception Form

West Virginia Medicaid
Drug Prior Authorization Form
http://www.dhhr.wv.gov/bms/Pharmacy/Pages/default.aspx

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)	(MI)	WV Medicaid 11-Digit ID #	Date of Birth (MM/DD/YYYY)

Prescriber Name (Last)	(First)	(MI)

Prescriber Address (Street)	(City)	(State)	(Zip)
		WV	

Prescriber 10-Digit NPI #	Phone # (111-222-3333)	Fax # (111-222-3333)

Pharmacy Name (if applicable)

Pharmacy Address (Street)	(City)	(State)	(Zip)
		WV	

Pharmacy 10-Digit NPI #	Phone # (111-222-3333)	Fax # (111-222-3333)

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.

Supplies Description	Directions	Duration

Diagnosis	ICD Diagnosis Code (if available)

Clinical Justification (attach patient's blood glucose log, required)

Other Pertinent Information (attach additional pages)

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)