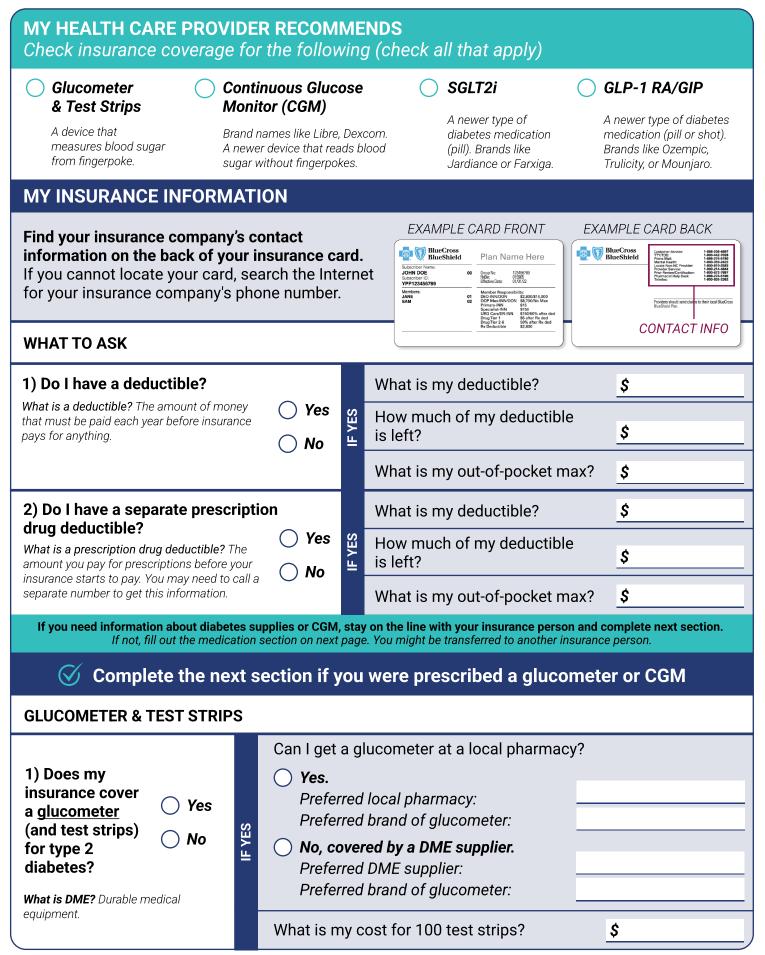
Type 2 Diabetes Care Insurance Coverage Worksheet





| CONTINUOUS GLUCOSE MONITOR (CGM) | |
|---|---|
| 1) Does my insurance cover a <u>CGM</u> for type 2 diabetes? ○ No | Which brand is preferred? Dexcom Libre Both Can I get a CGM at a local pharmacy? Yes. What is the preferred local pharmacy? What is my copay? No, through DME supplier. What is the preferred supplier? What is my copay? Sensors \$ Sensors Sensors Reader |
| 2) Do I have to be taking insulin or testing my blood sugar a certain number of times per day? | Insulin doses: If yes, how many? Blood sugar tests: If yes, how many? |
| 3) Does it require <u>prior</u> O Yes authorization? O No | What is prior authorization? When your health care team must get approval from your insurance. |
| \checkmark Complete the next section if you were prescribed a medication listed below | |
| MEDICATION | |
| 1) What are my insurance's preferred SGLT2is? 2) What are my insurance's preferred GLP-1 RA/GIP? | |
| What is my copay for this SGLT2i?\$30-day supply90-day | What is my copay for this GLP-1 RA/GIP? 30-day supply 90-day supply |
| Can I get A | harmacy Can I get a 90-day supply? Yes No At my local pharmacy O No By mail order |
| 3) What is my insurance's preferred <u>local pharmacy?</u> Why does it matter if my pharmacy is "preferred"? Preferred pharmacies offer a lower copay for drugs covered by your insurance than a standard pharmacy. | Name Phone Number |
| 4) What is my insurance's preferred <u>mail order</u> pharmacy? | Name Phone Number/Website |