



## Diabetes Savings Program

The Diabetes Saving Program is designed to help reduce the cost of preferred Insulin Vials and Freestyle Test Strips for Diabetic Members. Have your physician complete the information below, and **fax this form back to the PEHP Pharmacy Department at (801) 245-7774** or mail to: PEHP Pharmacy services, 560 East 200 South Salt Lake City, UT 84102. If you have questions, you may phone the PEHP Pharmacy Department at (801) 366-7551.

Member Name and DOB				PEHP Member ID #	
Physician Information					
Name:					
Phone:			Fax:		
Form is To Be completed by Prescribing Provider					
Biometrics					
Height	Weight	BMI	Blood Pressure		Waist Circumference
Inches	Lbs.		/	<u>Date</u>	Inches
All Laboratory Values Are <u>Required</u>					
A1c		Serum Creatinine		Is the Patient Taking an ACEI or ARB? If no, explain.	
%	<u>Date</u>	Mg/dL	<u>Date</u>		
Lipid Profile Date:					
Total Cholesterol	High Density Lipoprotein Cholesterol (HDL-C)		Low Density Lipoprotein Cholesterol (LDL-C)		Triglycerides
Kidney Function					
Known Nephropathy?		If 'NO', list one of the below values with Microalbumin (mg/mmol) or Albumin/Creatinine Ratio [(ACR) µg/mg]			
YES	NO	mg/mmol		µg /mg	
List the Most Recent Dates of Exam History in the Fields Below					
Dilated Retinal Exam (DRE):			Diabetic foot exam:		
Diabetic Supply Information Values are <u>Required</u>					
# of Test Strips Per Day	Select Short Acting Insulin	# of Short-Acting Insulin UNITS per day	Select Long-Acting Insulin	# of Long-Acting Insulin UNITS per day	
	<input type="checkbox"/> Novolog <input type="checkbox"/> Novolin R		<input type="checkbox"/> Lantus <input type="checkbox"/> Novolin 70/30 <input type="checkbox"/> Novolin N		
Physician Signature: _____ Date: _____					
Once Complete Fax to PEHP Pharmacy Department at 801-245-7774					