

**Community Care of North Carolina– <INSERT NETWORK NAME HERE>  
MD Easy™ Form – Prodigy Diabetic Supplies**

**This form MUST BE FAXED to the PHARMACY**

Practice Information		Patient Information	
Practice Name		Patient Name	
Practice Address		Patient Address	
Practice City, State, Zip		Patient City, State, Zip	
Practice Phone	Practice Fax	Date of Birth	Medicaid ID
Pharmacy Information		Originally Prescribed Diabetic Supplies	
Pharmacy Name		Drug Name/Strength	
Pharmacy Phone	Pharmacy Fax	Last Filled	Quantity

**Prodigy Diabetic Supplies Prior Authorization Criteria**

**Effective November 15, 2009, Prodigy Diabetes Care, LLC, (PDC) will be North Carolina Medicaid's designated preferred manufacturer for glucose meters, diabetic test strips, control solutions, lancets, lancing devices, and syringes.**

A transition period will be in place from 11/15/2009 through 2/15/2010 in which a one-time, per-recipient, per-product override will be allowed.

Following 2/15/2010, this modifier will no longer be acceptable for use with diabetic supplies for DME and only the Prodigy NDCs will be covered.

In addition, effective 11/15/2009, diabetic test strips, control solutions, lancets, and lancing devices will be added to the list of over-the-counter products covered under the Outpatient Pharmacy Program. These products will be covered under the pharmacy point-of-sale system with a prescription.

Product Description	Quantity Limits
Insulin syringes (1 unit = 100 syringes)	200 syringes per month
Blood glucose test or reagent strips (1 unit = 50 strips)	200 strips per month
Lancets (1 unit = 100 lancets)	200 per month
Lancing Device	2 per year
Normal, high, low calibrator solution	4 per year
Home blood glucose monitor	1 every 2 years
Blood glucose monitor with voice synthesizer	1 every 3 years

For additional information, providers may call Prodigy Diabetic Care, LLC at 1-866-540-4816, DMA Clinical Policies and Programs at 919-855-4310 (DME) or 919-855-4300 (Pharmacy).

**Please select one of the following options and fax to patient's pharmacy**

**\*\*Attention Pharmacists\*\***

*Please discontinue originally prescribed diabetic supplies and change patient to the approved therapy below. If the patient does not immediately need this prescription, please keep it on file for the next refill. In order to be reimbursed by the manufacturer for dispensing meters to Medicaid patients, please send PDC a rebate invoice that lists (a) the amount due, (b) all Prodigy® meter kits dispensed to Medicaid patients during that previous quarter, including the UPC and NDC number, and (c) the North Carolina Medicaid recipient number of the individual who purchased the meter.*

	Covered Products	Directions	Quantity	Refills	NDC
<input type="checkbox"/>	Prodigy Pocket™ Meter Kit - Blue		1 Meter Kit	None	08484-0708-02
<input type="checkbox"/>	Prodigy™ No Coding Test Strips		50 ct Bottle		08484-9902-50
<input type="checkbox"/>	Prodigy Control Solution (Low)		1 Bottle		08484-9903-10
<input type="checkbox"/>	Prodigy Twist Top Lancets 28G		100 ct Box		08484-9903-28
<input type="checkbox"/>	Prodigy Lancing Device, Adj. Depth w/ Clear Cap		100 ct Box		08484-9903-55
<input type="checkbox"/>	Prodigy Syringe 28G 12.7mm – 1 cc (100 ct)		100 ct Box		08484-9904-30
<input type="checkbox"/>	Prodigy Syringe 31G 8mm – 1/2 cc (100 ct)		100 ct Box		08484-9904-35
<input type="checkbox"/>	Prodigy Syringe 31G 8mm – 1/3 cc (100 ct)		100 ct Box		08484-9904-38

Prescriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prescriber Name (please print): \_\_\_\_\_

DEA/NPI: \_\_\_\_\_

**Note:** By signing this document & checking the substitution above, you are consenting to this being a legal prescription.