# UW Medicine

## **Diabetes Supplies for Home**

Order form

This handout is an order form for diabetes supplies you will need at home.

Your nurse will fill out this form and you will take it to the pharmacy to be filled. You may use Harborview Medical Center Outpatient Pharmacy or another pharmacy.

If you are:

- An inpatient, your nurse should also fax this order to Discharge Pharmacy at 4-5945.
- In the Emergency Department, your nurse should make a copy of this order and give it to you to take to the pharmacy.

## Your Diagnosis ☐ Type 1 diabetes (ICD-9 250.01) ☐ Type 2 diabetes uncontrolled (ICD-9 250.02) ☐ Hyperglycemia (ICD-9 790.6) **Your Pharmacy Orders** You will need to test your blood sugar (glucose): ☐ 1 time a day (you have type 2 diabetes and are on oral medicines) ☐ 3 times a day (you have diabetes and use insulin) **Supplies You Will Need** • **Test strips:** Number is based on how often you test.\* *Check one:* □ #50 **4100** • Lancing device: #1 Only fill if patient needs to change from Accu-Chek Softclix device. • Lancets or drums: #1 box • **Sharps container:** #1 small Other: \_\_\_\_\_

\* Medicaid and Medicare limit test strip supplies to 100 strips every 90 days for diabetics not using insulin and to 100 strips every 30 days for patients using insulin. If you need more than these amounts, your provider must submit a specific request to HRSA for approval (DSHS Form 13-866).

#### **Note to Pharmacy**

The patient received Accu-Chek Aviva glucometer with #10 sample test strips and Accu-Chek Softclix lancing device before discharge for education. Please fill supplies accordingly. Pharmacy is authorized to substitute products if the patient's insurance requires a different product or products. Educate patients on any new products dispensed. If further authorization is needed, please page provider.

#### **Questions?**

Your questions are important. Call your doctor or health care provider if you have questions or concerns.

HMC Pharmacy Services: 206-744-5944