

Rx Fax: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender:  Male  Female

Preferred Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Patient's preferred pharmacy & location: \_\_\_\_\_

**PLEASE ATTACH PATIENT DEMOGRAPHICS (INCLUDING INSURANCE) & LAST CLINICAL CHART NOTE**

**Clinical Information**

Currently Using Basal/Bolus Therapy  
 Using Basal, Advancing to Basal/Bolus Therapy  
 Currently Using Insulin Pen(s)  
 Currently Using Insulin Syringes and Vials

Diagnosis: \_\_\_\_\_

Daily Bolus Insulin Requirements: \_\_\_\_\_ units

Patient is missing multiple doses of meal-time insulin weekly - due to the delivery method their insulin is given.  
 Patient has an elevated A1C > 8.0%

PRODUCT	QUANTITY	DIRECTIONS	REFILLS
<b>CeQur Simplicity™</b> <b>2U 4-Day</b> <b>NDC/NRC: 73108-0000-08</b>	<b>30 Day Supply</b> <input type="checkbox"/> 2-Unit Patch, 8-Pack, # of Boxes = 1 <small>(Patient requires 180 units of rapid-acting insulin or less in 4 days)</small>	Apply Patch as directed Dose as directed 1 squeeze = 2 Units	<b>11</b>
	<input type="checkbox"/> 2-Unit Patch, 8-Pack, # of Boxes = 2 <small>(Patient requires &gt; than 180 units of rapid-acting insulin in 4 days)</small>		
<b>CeQur Simplicity™</b> <b>2U 4-Day</b> <b>NDC/NRC: 73108-0000-08</b>	<b>90 Day Supply</b> <input type="checkbox"/> 2-Unit Patch, 8-Pack, # of Boxes = 3 <small>(Patient requires 180 units of rapid-acting insulin or less in 4 days)</small>	Apply Patch as directed Dose as directed 1 squeeze = 2 Units	<b>3</b>
	<input type="checkbox"/> 2-Unit Patch, 8-Pack, # of Boxes = 6 <small>(Patient requires &gt; than 180 units of rapid-acting insulin in 4 days)</small>		
<b>CeQur Simplicity™</b> <b>Inserter</b> <b>NDC/NRC: 73108-0001-00</b>	<b>Inserter Kit</b> <input type="checkbox"/> 1 Inserter, IFU and literature	Use as directed	N/A
<b>Additional Instructions</b>	<ul style="list-style-type: none"> <li>Daily Bolus Insulin Use (units) ____ x ____ days + Extra 20 Units = ____ Total Fill Units Per Patch</li> <li>Patch holds a min of 100 units &amp; a max of 200 units. The extra 20 units are used to prime the Patch.</li> <li>Patient will need a Rx for a vial of rapid-acting insulin – labeled for use with Humalog® U-100 or Novolog® U-100. Patch may be worn for up to <b>4 days</b>. Change Patch after ____ days.</li> </ul>		

**PRIOR AUTHORIZATION IF REQUIRED**

**Prescriber Information**  
 Prescriber Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**PRESCRIBER SIGNATURE** (No stamps. Signature and date must be completed in prescriber's handwriting.)

I authorize the receiving Pharmacy and its representatives to act as an agent to initiate and execute prior authorization for the above patient to expedite the process, please provide chart notes and most recent labs.

**Provider Signature:** \_\_\_\_\_ **Dispense as written** **Date:** \_\_\_\_\_