

MEDICAL NECESSITY CRITERIA

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|---|---------------------------------|
| BRAND NAME | CONTOUR TEST STRIPS |
| | CONTOUR NEXT TEST STRIPS |
| Status: CVS Caremark Criteria | |
| Type: Medical Necessity Criteria | Ref # 1021-A |

CRITERIA FOR APPROVAL

| | | | |
|----|---|-----|----|
| 1. | Is the patient using a Medtronic MiniMed Paradigm REAL-Time Revel insulin pump? <i>If yes, please submit documentation including name of insulin pump. _____</i> | Yes | No |
| 2. | Is the request for Contour or Contour Next test strips for use in association with a Contour LINK or Contour Next LINK Meter? | Yes | No |

| Guidelines for Approval | |
|-------------------------|-------------------|
| Duration of Approval | 12 months |
| Set 1 | |
| Yes to question(s) | No to question(s) |
| 1 | None |
| 2 | |

RATIONALE

The intent of the criteria is to allow a patient to receive Contour or Contour Next Test Strips if used with a Medtronic insulin pump and a Contour LINK or Contour Next LINK Meter.

If the prescriber provides evidence that the patient uses a Medtronic MiniMed Paradigm REAL-Time Revel insulin pump, the request will be approved.

REFERENCES

N/A

Written by: UM Development (NB)
 Date Written: 09/2013
 Revised: 10/2013 (added contour strips and clarified question 2), 07/2014 (changed name to combine 1021-A and 1022-A)
 Reviewed: Medical Affairs 09/2013