Prior Authorization Form

DIABETES TEST STRIPS AND KITS (FA-PA)

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS Caremark at **1-888-836-0730**. Please contact CVS Caremark at **1-855-240-0536** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Accu-Chek Aviva test strips.

Patient Information

Patient Name:

Patient Phone: - -

Patient ID:

Patient Group No:

Patient DOB: / /

Prescribing Physician

Physician Name:

Physician Phone: - -

Physician Fax: - -

Physician Address:

City, State, Zip:

Drug Name (specify drug): Accu-Chek Aviva test strips

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

_____

_____

Please check the appropriate answer for each applicable question.

1. Preferred products are available at a lower cost. Can your patient be switched to a preferred drug/ product? **Y** ☐ **N** ☐
   Available Formulary Alternatives: ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS

   [If yes, provide your patient with a new prescription for the preferred product.]
2. Is the request for Accu-Chek Aviva Plus test strips? **Y** ☐ **N** ☐
3. Are the Accu-Chek Aviva Plus test strips for use in association with an Accu-Chek Combo System insulin pump? **Y** ☐ **N** ☐
4. Is the request for Freestyle Diabetic test strips? **Y** ☐ **N** ☐
5. Are the Freestyle Diabetic test strips for use in association with an OmniPod insulin pump? **Y** ☐ **N** ☐
6. Is the patient using a Medtronic MiniMed 530G, MiniMed 630G or MiniMed Paradigm REAL-Time Revel insulin pump? **Y** ☐ **N** ☐
7. Is the request for Contour or Contour Next test strips for use in association with a Contour LINK or Contour Next LINK Meter? **Y** ☐ **N** ☐

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. See, e.g., 31 U.S.C. §§ 3729-3733.

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug Pas immediately and securely online – without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.