

Prior Authorization Form

GEHA FEDERAL - STANDARD OPTION

Diabetic Test Strips (FA-PA)

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed 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 Diabetic Test Strips (FA-PA).

Drug Name (select from list of drugs shown)

Accu-Chek Aviva Plus Test Strips

Contour Next Test Strips

Contour Test Strips

Freestyle Test Strips

Quantity

Frequency

Strength

Route of Administration

Expected Length of Therapy

Patient Information

Patient Name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient Phone: _____

Prescribing Physician

Physician Name: _____

Physician Phone: _____

Physician Fax: _____

Physician Address: _____

City, State, Zip: _____

Diagnosis: _____ ICD Code: _____

Comments: _____

Please circle the appropriate answer for each question.

1. Preferred products are available at a lower cost. Can your patient be switched to a preferred product?

Y N

Available Formulary Alternatives: One Touch Products

[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

[If no, skip to question 4.]

3. Are the Accu-Chek Aviva Plus test strips for use in association with an Accu-Chek Combo System insulin pump?

Y N

[No further questions.]	
4. Is the request for Freestyle Diabetic test strips?	<input type="text" value="Y"/> <input type="text" value="N"/>
[If no, skip to question 6.]	
5. Are the Freestyle Diabetic test strips for use in association with an OmniPod insulin pump?	<input type="text" value="Y"/> <input type="text" value="N"/>
[No further questions.]	
6. Is the patient using a Medtronic MiniMed 530G, MiniMed 630G, MiniMed 670G, or MiniMed Paradigm REAL-Time Revel insulin pump?	<input type="text" value="Y"/> <input type="text" value="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?	<input type="text" value="Y"/> <input type="text" value="N"/>

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date