

Diabetic Test Strips – Atypical (FA-PA) – Prior Authorization Request

Send completed form to: CVS/caremark Fax: 888-836-0730

CVS/caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS/caremark toll-free at 888-836-0730.** If you have questions regarding the prior authorization, please contact CVS/caremark at 855-240-0536.

Patient Name:	Date:
Patient's ID:	Patient's Date of Birth:
Physician's Name:	
Specialty:	NPI#:
Physician Office Telephone:	Physician Office Fax:

1. Is the requested drug being used for an FDA-Approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)? Yes No
2. Has the patient tried and had an inadequate treatment response or intolerance to the required number of formulary alternatives below? Yes No (IF YES, PLEASE DOCUMENT DRUG NAME, TRIAL YEAR AND REASON FOR FAILURE AND NO FURTHER QUESTIONS.) _____

REQUIREMENT: 1 in a class with 1 alternative: ONETOUCH STRIPS AND KITS

3. Does the patient have a documented clinical reason such as adverse reaction or contraindication that prevents them from trying the formulary alternatives listed below? Yes No (IF YES, PLEASE DOCUMENT THE REASON THE PATIENT CANNOT TRY THE FORMULARY ALTERNATIVES.) _____

REQUIREMENT: 1 in a class with 1 alternative: ONETOUCH STRIPS AND KITS

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS/caremark or the benefit plan sponsor.

X _____
Prescriber or Authorized Signature **Date: (mm/dd/yy)**

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Diabetic Test Strips (717-A)