

**CAREFIRST DC
Accu-Chek Aviva Plus Test Strips (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 888-836-0730. Please contact CVS/Caremark at 855-240-0536 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Accu-Chek Aviva Plus Test Strips (FA-PA).

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 (select from list of drugs shown)

Glucose Monitoring Devices Other, Please specify

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 product? Available Formulary Alternatives: One Touch products [If yes, provide your patient with a new prescription for the preferred product.] Y N
2. Is the request for Contour test strip products? Y N
3. Are the Contour test strips for use in association with a MiniMed insulin pump or OmniPod Dash insulin pump? [If yes, then documentation is required for approval.] Document the insulin pump the patient is using. Y N
4. Is the request for a Freestyle test strip product? Y N
5. Are the Freestyle test strips for use in association with an OmniPod insulin pump? Y N
6. Is the request for an Accu-Chek test strip product? Y N
7. Is this request for continuation of therapy with an Accu-Chek test strip product? Y N
8. Are the Accu-Chek test strips for use in association with an Accu-Chek Spirit Combo insulin pump or MiniMed 770G System insulin pump? [If yes, then documentation is required for approval.] Document the insulin pump the patient is using: Y N

9. Does the patient have an insulin pump that is incompatible with a One Touch product?

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 the 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.

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.