

## PRIOR AUTHORIZATION FORM: DIABETIC TEST STRIPS

**Note: One Touch Ultra, One Touch Verio and SureStep Pro are preferred and do not require Prior Authorization.**

Please fax the completed form to CVS Caremark\* at (855) 330-1721. Contact CVS Caremark at (855) 582-2038 with questions.

<b>Drug Name:</b>			
<b>Patient Information</b>			
Last Name:		First Name:	
Home Phone Number:		Work Phone Number:	
Home Address:		City:	State: Zip:
Date of Birth:		Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Other:	
Insurance ID #:		Group #:	

<b>Physician Information</b>			
MD Name:			
MD DEA #:		NPI #:	
Address:		City:	State: Zip:
Office Contact Name:		Phone Number:	Fax Number:

<b>Primary Diagnosis</b>	
Primary ICD-9 (Code):	

<b>Clinical Information</b>	
<b>Note: Trial of OneTouch Ultra, One Touch Verio or SureStep Pro is required for consideration of non-preferred test strip.</b>	
1. Does the patient have a diagnosis of diabetes? If no, please specify diagnosis. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
2. Has the patient tried One Touch Ultra, One Touch Verio or SureStep Pro? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
3. Is the patient currently on a diabetic pump? If yes, please provide the name of the pump. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

<b>Physician Signature Required</b>	
Information on this form is accurate as of this date:  _____ / _____ / _____	Signature: