

AETNA BETTER HEALTH® OF VIRGINIA REQUEST FORM

Continuous Glucose Monitors

Fax back to: 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

MEMBER INFORMATION

Last Name:

First Name:

Medicaid ID Number:

Date of Birth:

PRESCRIBER INFORMATION

Last Name:

First Name:

NPI Number:

Phone Number:

Fax Number:

CONTINUOUS GLUCOSE MONITOR (CGM) INFORMATION

CGM Product (Please include all pieces needed for use): _____

Frequency of sensor use: _____

Length of Therapy: _____

(Form continued on next page.)

Member's Last Name:

Member's First Name:

DIAGNOSIS AND MEDICAL INFORMATION

For an initial request, complete the following questions to receive a 12-month approval:

1. Is the member at least 2 years of age? **AND**

Yes No

2. Has the member been diagnosed with diabetes by their primary care physician, or another licensed health care practitioner authorized to make such a diagnosis? **AND**

Yes No

3. Is the member being treated with insulin and/or does the member have a history of problematic hypoglycemia? **AND**

Yes No

4. Has the member's treating practitioner concluded that the member (or member's caregiver) has had sufficient training using the continuous glucose monitor prescribed as evidenced by providing a prescription? **AND**

Yes No

5. Has the continuous glucose monitor been prescribed in accordance with the Food and Drug Administration indications for use?

Yes No

(Form continued on next page.)

Member's Last Name:

Member's First Name:

For a renewal request, complete the following questions to receive a 12-month approval:

1. Does the member continue to meet the relevant criteria identified in the initial criteria? **AND**

Yes No

2. Is the member being monitored for benefit of using the continuous glucose monitor by way of follow up every 6 months in the first 18 months of use or annually after the first 18 months of use?

Yes No

Prescriber Signature (Required)

Date

By signature, the physician confirms the above information is accurate and verifiable by member records.

Please include ALL requested information; Incomplete forms will delay the PA process. Submission of documentation does NOT guarantee coverage.