

## MEDICAL NECESSITY CRITERIA

**BRAND NAME**

**CONTOUR TEST STRIPS**

**CONTOUR NEXT TEST STRIPS**

**Status: CVS Caremark Criteria**

**Type: Medical Necessity Criteria**

### POLICY

#### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- Patient is using the requested drug in association with a Contour LINK or Contour Next LINK meter.
- AND**
- The patient is using a Medtronic MiniMed 530G or MiniMed Paradigm REAL-Time Revel insulin pump.

#### REFERENCES

N/A