

Field Name	Field Description
Prior Authorization Group Description	Diabetic Testing Supplies
Drugs	Diabetic Testing Supplies (e.g. glucometers, test strips, lancets, syringes, pen needles)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "other criteria"
Age Restrictions	N/A
Prescriber Restrictions	N/A
Coverage Duration	If the criterion is met, the request will be approved for up to a 12 month duration (depending on the diagnosis and usual treatment duration). If criterion is not met, the request will be referred to a clinician for medical necessity review.
Other Criteria	<p><u>Initial Authorization:</u></p> <p><u>Criteria for approval of Non-Preferred products:</u></p> <ul style="list-style-type: none"> • Member is legally blind or has reduced visual acuity so that they are unable to see the numbers on ALL of the preferred products and the requested product has a feature that enables the patient to use the meter that is not available on any of the preferred meters. The member (not a caregiver) must be the one using the monitor/strips OR • Member is currently using an insulin pump that needs specific meter compatibility to accurately dose insulin OR • Preferred meter is not compatible with insulin pump recipient is using OR • Member is unable to change to a preferred meter and strip combination due to a cognitive or developmental disability OR • Changing to a preferred meter and strip combination would create undue hardship for the member <p><u>Criteria for approval over the Quantity Limit for Test Strips:</u></p> <ul style="list-style-type: none"> • The member has been stabilized on the current regimen. Stabilization on the current regimen is defined as having the prescription filled at least two times in the past 90 days AND the plan has paid for the previous two fills in excess of the quantity limit. • OR • The member has a diagnosis of type 1 diabetes AND • The member needs to test more than three times per day due to one of the following:

<p>Revision/Review Date <u>7/2020</u> 10/2020</p>	<ul style="list-style-type: none"> ⊖ The member has not been prescribed test strips previously OR ⊖ The member's diabetes medication regimen (including insulin) is undergoing changes AND • Approved quantity will not exceed 200 strips per 30 days <p>OR</p> <ul style="list-style-type: none"> • The member has a diagnosis of type 2 diabetes AND • The member needs to test more than once per day due to one of the following: <ul style="list-style-type: none"> ⊖ The member has not been prescribed test strips previously OR ⊖ The member's diabetes medication regimen (including insulin) is undergoing changes AND • Approved quantity will not exceed 100 strips per 30 days <p>OR</p> <ul style="list-style-type: none"> • The member has a diagnosis of gestational diabetes AND approved quantity will not exceed 300 strips per day <p>*Quantity limit overrides are not available for glucose monitors*</p> <p>Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.</p>
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