

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	<u>Diabetic Test Strips Policy</u> <u>*This list is not all-inclusive</u> Ascensia Test Strips Bayer Contour Test Strips One Touch Test Strips Surestep Test Strips True Metrix Test Strips Accu-chek Test Strips
POLICY #	12107
INDICATIONS	Blood glucose testing in diabetics
CRITERIA	<p>Ascensia Test Strips, One Touch Test Strips [and all other Tier 3 test strips] are covered only if the following prior authorization criteria are met:</p> <ol style="list-style-type: none"> 1. Treatment failure of an adequate trial of ConnectiCare’s preferred test strips_Freestyle testing system <p>AND</p> <ol style="list-style-type: none"> 2. A physician chart note documenting treatment failure of Freestyle testing system 3. Meter readouts to reflect that the preferred meter does not provide correct fingerstick blood glucose values
LIMITATIONS	<p>Members switching to a preferred product or are new to testing will be allowed to obtain a preferred diabetic testing meter at a participating pharmacy at no cost through the pharmacy benefit. (One per year)</p> <p>Approval is limited to supply of #200 strips per month.</p>
P&T REVIEW HISTORY	3/08, 6/08, 9/09, 9/10, 12/10, 12/11, 10/12, 10/13, 10/14, 11/15, 2/16, 5/17, 5/18, 5/19
REVISION RECORD	12/10, 12/15, 5/17, 1/18