

Commercial PA Criteria Effective: December 2010

Prior Authorization: Diabetic Test Strips

Products Affected: *This list is not all-inclusive

- Ascensia Test Strips
- Bayer Contour Test Strips
- One Touch Test Strips
- Surestep Test Strips
- True Metrix Test Strips
- Accu-chek Test Strips
- Blu link glucose test strip

Covered Uses: Self-monitoring of blood glucose (SMBG)

Exclusion Criteria: N/A

Required Medical Information:

- 1. Diagnosis
- 2. Previous therapies tried and failed
- 3. Current therapy regimen
- 4. Medical history

Age Restrictions: N/A

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Approve if the patient meets the following criteria.

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:

- 1. Treatment failure of an adequate trial of ConnectiCare's preferred test strips_Freestyle testing system **AND**
- 2. A physician chart note documenting treatment failure of Freestyle testing system AND
- 3. Meter readouts to reflect that the preferred meter does not provide correct fingerstick blood glucose values OR
- 4. Member is currently using an insulin pump that is incompatible with the preferred products





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)

Approval is limited to supply of #200 strips per month.

References:

1. Drug Facts and Comparisons (online version), Glucose Blood Tests. Available at: http://online.factsandcomparisons.com.

Policy Revision history

Rev#	Type of Change	Summary of Change	Sections Affected	Date
1	Template Change	Transfer Policy from old CCI Template to current template (Previous Revision Record 12/10, 12/15, 5/17, 1/18, 11/20)	All	3/20/2024
2	Update	Addition of Blu link glucose test strips	Products Affected	3/21/2024