



Diabetic Test Strips and Glucometer (Freestyle Lite®, Precision Xtra®) EOCCO POLICY



Policy Type: PA Pharmacy Coverage Policy: EOCCO165

Description

Meter and test strips (e.g. Freestyle Lite, Precision Xtra) are used to measure the concentration of glucose in the blood through a small blood draw sample from piercing the skin (typically, on the finger).

Length of Authorization

- Initial: 12 months
- Renewal: 12 months

Quantity limits

Product Name	Dosage Form	Indication	Quantity Limit
Meter and Test strips (e.g. Freestyle Lite, Precision Xtra)	Meter	Type 1 and type 2 diabetes mellitus	One meter/365 days
	Test Strips		300 test strips/30 days

Initial Evaluation

Freestyle Lite and Precision Xtra are the preferred diabetic test strips and glucometers.

- There is no prior authorization required on these preferred agents, unless requesting over the allowed quantity limits noted above.

- I. **Non preferred meter and test strips** may be considered medically necessary when the following criteria below are met:
 - A. Member is using one of the following quantity limits:
 1. 300 test strips per 30-day supply; **OR**
 2. Above 300 test strips per 30-day supply and there is documentation of medical necessity submitted for a quantity above 300 test strips per 30-day supply; **AND**
 - B. Member uses test strips with a glucometer built into, or communicates with, an insulin pump; **OR**
 - C. Member uses voice meter due to vision impairment; **OR**
 - D. There is documentation of medical necessity for a non-formulary glucometer and/or test strips that includes medical rationale and test strips previously tried.

- II. Meter and test strips are considered not medically necessary when criteria above are not met and/or when used for any condition other than type 1 and 2 diabetes mellitus



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Renewal Evaluation

- I. Member has received a previous prior authorization approval for this agent through this health plan; **AND**
- II. Member is not continuing therapy based off being established on therapy through samples, manufacturer coupons, or otherwise. Initial policy criteria must be met for the member to qualify for renewal evaluation through this health plan.

Policy Implementation/Update:

Date Created	January 2016
Date Effective	January 2016
Last Updated	January 2020
Last Reviewed	10/2019, 01/2020

Action and Summary of Changes	Date
Policy updated to include renewal evaluation section	01/2020
Criteria transitioned into policy with medically not necessary sections added.	10/2019
New criteria	01/2016