

Policy Type: PA

Pharmacy Coverage Policy: EOCCO165

Description

Test strips and glucometers 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
Test Strips and Glucometers	Test Strips	Type 1 and type 2 diabetes mellitus	300 test strips/30 days
	Glucometers		One meter/365 days

Test Strips

Initial Evaluation

FreeStyle, FreeStyle Lite, FreeStyle InsuLinx, FreeStyle Precision Neo, and Precision Xtra are the preferred diabetic test strips.

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

- I. **Non-preferred 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. Use of ALL of the following preferred test strips have been ineffective:
 1. FreeStyle
 2. FreeStyle Lite
 3. FreeStyle InsuLinx
 4. FreeStyle Precision Neo
 5. Precision Xtra; **OR**

- C. T Member uses test strips with a glucometer built into, or communicates with, an insulin pump and preferred products cannot be utilized; **OR**
- D. Member uses a voice meter due to vision impairment

Glucometers

Initial Evaluation

FreeStyle Lite and FreeStyle Freedom Lite are covered at zero cost share to the member only through the manufacturer through the Free Meter Program. Members can access their free meter by using any of the options below:

- **By Pharmacy:**
 - BIN: 610020
 - PCN: PDMI
 - GROUP: 99992432
 - ID: ERXMEDPERFORM
- **By Telephone:** 1-866-224-8892, use offer code KYDCW4DQ
- **By Web:** ChooseFreeStyle.com, use offer code KYDCW4DQ

- I. **All other meters** may be considered medically necessary when the following criteria below are met:
 - A. Documentation that use with FreeStyle Lite or FreeStyle Freedom Lite, is contraindicated; **OR**
 - B. Member uses an insulin pump that cannot communicate with any of the following meters: FreeStyle Lite or FreeStyle Freedom Lite; **OR**
 - C. Member requires the use of a voice meter due to vision impairment

Renewal

- I. Same as initial criteria

Policy Implementation/Update:

Action and Summary of Changes	Date
Rearranged questions to better capture intent and clarify path to coverage. Updated Glucometer table to more accurate billing information and website information	02/2022
Separated out non-preferred glucometers and test strips criteria. Added in box regarding billing preferred glucometers. Updated Renewal language to run through initial each time.	01/2021
Updated requirements language to be more consistent with plan's standard language. Adjusted order of requirements to enhance clarity.	12/2020
Criteria transitioned into policy with medically not necessary and renewal evaluation sections added.	01/2020
Criteria created	01/2016