Market Applicability				
Market	**GA**	**MD**	**NJ**	**NY**
Applicable	X	X	X	X

Blood Glucose Test Strips and Monitors Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications – Blood Glucose Test Strips	Quantity Limit
Blood Glucose Test Strips • True Metrix and Relion True Metrix Test Strips are preferred	Subject to Quantity Limits as listed below

Quantity Limit per 30 days:

- 200 (or 204 for Accu-Check Compact) test strips per 30 days for the following:
  - I. Individual is 17 years of age or younger; **OR**
  - II. Individual is currently using insulin; **OR**
  - III. Individual is pregnant.

- 50 (or 51 for Accu-Check Compact) test strips per 30 days for the following:
  - I. All other individuals.

Requests for a greater amount of test strips than allotted per 30 days may be approved if:

I. The individual is using insulin and the physician or diabetes educator has indicated that the individual requires greater number of test strips per 30 days.

Individuals who are utilizing a continuous glucose monitor (CGM) that does not require calibration or validation of readings (Dexcom G6, Freestyle Libre) are limited to a minimum of 50 test strips (or 51 for Accu-Check Compact) per 30 days; additional test strips per 30 days may be approved if:

I. Physician or diabetes educator has indicated that the individual requires greater number of test strips per 30 days.

Medications – Blood Glucose Monitors	Quantity Limit
Blood Glucose Monitors • True Metrix and Relion True Metrix Monitors are preferred	May be subject to quantity limit

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Market Applicability				
Market	**GA**	**MD**	**NJ**	**NY**
Applicable	X	X	X	X

APPROVAL CRITERIA

Requests for non-preferred blood glucose monitors and tests strips may be approved when the following criteria are met:

I. Individual has tried one preferred blood glucose test strips (True Metrix or Relion True Metrix) or monitor (True Metrix or Relion True Metrix); **AND**
II. Individual unable to use the preferred test strips or monitor for any of the following reasons:
    A. Individual has a manual dexterity impairment; **OR**
    B. Individual has visual impairments; **AND**
III. Confirmation has been provided for why the non-preferred test strip/monitor is clinically necessary;

OR

IV. Individual utilizes an insulin pump that requires a specific blood glucose testing monitor for communication between devices; **AND**
V. Confirmation is provided regarding the specific insulin pump/non-preferred glucometer combination required.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: December 4, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.
5. American Diabetes Association. 6. Glycemic targets: Standards of Medical Care in Diabetes - 2018. *Diabetes Care* 2018; 41(Suppl. 1):S55–S64.
6. American Association of Clinical Endocrinologists (AACE). Medical guidelines for clinical practice for developing a diabetes mellitus comprehensive care plan. *Endocr Pract*. 2015; 21(suppl 1):1-87.
7. DiMeglio LA, Acerini CL, Codner E, et al. ISPAD Clinical Practice Consensus Guidelines 2018: Glycemic control targets and glucose monitoring for children, adolescents, and young adults with diabetes. *Pediatric Diabetes* 2018; 19 (Suppl. 27):105-114.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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Market Applicability				
Market	**GA**	**MD**	**NJ**	**NY**
Applicable	X	X	X	X

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