

PRIOR AUTHORIZATION AND QUANTITY LIMIT CRITERIA FOR APPROVAL

PA applies to non-covered products
QL applies to ALL products (covered and non-covered)

Non-covered diabetes testing supplies will be approved when ALL of the following are met:

1. ONE of the following:
 - A. Information has been provided that the patient has been treated with a diabetes medication within the past 90 days
OR
 - B. Information has been provided that the patient has been treated with a concomitant medication that may affect blood sugar levels within the past 90 days
OR
 - C. The patient has gestational diabetes
OR
 - D. The patient has prediabetes or diabetes
- AND**
2. The prescriber has provided information indicating the patient has failed or has limitations precluding the use of the covered* diabetes testing supply product
AND
3. ONE of the following:
 - A. The requested quantity does NOT exceed the program benefit limit
OR
 - B. BOTH of the following:
 - i. The requested quantity is greater than the program benefit limit
AND
 - ii. The prescriber has provided information in support of therapy with a higher amount for the requested indication

Length of approval: 12 months

***Covered diabetes testing supplies products include Ascensia (Contour) and Lifescan (OneTouch).**

Product	Quantity Limit
Accu-Chek	204 test strips/30 days
Contour	204 test strips/30 days
FreeStyle	204 test strips/30 days
OneTouch	204 test strips/30 days
ReliOn	204 test strips/30 days
True Metrix	204 test strips/30 days