BlueCross BlueShield of North Carolina

Diabetes Testing Supplies
Prior Authorization (with Quantity Limit) Criteria - Medicare Part B

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 drug 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 documentation 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 supplie products include Ascensia (Contour) and Lifescan (OneTouch).**