



**Diabetic Testing Supplies  
Freestyle Neo  
Effective 07/01/2021**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MH UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Diabetic testing supplies are indicated for use in Type 1 or Type 2 Diabetes Mellitus and gestational diabetes.

No PA	Products that require PA
Freestyle® ≤100 units/month Freestyle InsuLinx® ≤100 units/month Freestyle Lite® ≤100 units/month Precision Xtra® ≤100 units/month	Freestyle Neo®

For all other brands not listed on this document please see the Non-Formulary Diabetic Testing Supplies criteria

**Freestyle®, Freestyle InsuLinx®, Freestyle Lite®**

- 99073-0120-50
- 99073-0121-01
- 99073-0124-50
- 99073-0124-01
- 99073-0708-22
- 99073-0708-27
- 99073-0708-19
- 99073-0712-27
- 99073-0712-30
- 99073-0712-31

**Precision Xtra®**

- 57599-9728-04
- 57599-9877-05
- 57599-9838-04
- 57599-9878-05

**Freestyle Neo®**

- 57599-1577-01
- 57599-1579-04
- 93815-0715-77
- 93815-0715-79

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The following Freestyle<sup>®</sup> and Precision Xtra<sup>®</sup> NDCs are not included in rebate agreement and therefore will usually reject at the pharmacy level for prior authorization. All other brands are not included in the rebate agreement and therefore will usually reject at the pharmacy level for prior authorization.

**Freestyle<sup>®</sup>, Freestyle InsuLinx<sup>®</sup>,  
Freestyle Neo<sup>®</sup>, Freestyle Lite<sup>®</sup>**  
99073-0707-92  
99073-0710-26  
99073-0712-29

**Precision Xtra<sup>®</sup>**  
57599-9694-05  
57599-9695-04  
93815-0998-77  
93815-0998-78  
93815-0998-38  
93815-0997-28  
93815-0996-94  
93815-0996-95

### Coverage Guidelines

Approval of a Freestyle Neo monitor may be granted for members who meet the following criteria and documentation is submitted:

1. The provider documents that member is using Freestyle Neo with a compatible continuous glucose monitoring device (i.e., Freestyle Libre 2<sup>®</sup>, Freestyle Libre 14 Day<sup>®</sup>)
2. Quantity requested is  $\leq 100$  units per month

### Continuation of Therapy

Reauthorization may be granted with documentation that member needs continued medical necessity for the non-preferred testing supply.

### Limitations

1. Initial approvals and reauthorizations will be approved for 12 months.
2. The following quantity limits apply:

Freestyle	100 units per month
Freestyle InsuLinx	100 units per month
Freestyle Lite	100 units per month
Precision Xtra	100 units per month
Freestyle Neo	100 units per month

### References

N/A

### Review History

05/19/2021 – Created and Reviewed for May P&T to be in compliance with MH UPPL for 7/1/2021. Effective 07/01/2021.

### Disclaimer

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