



**Non-Formulary Diabetic Supplies**  
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**

N/A

**Coverage Guidelines**

**Non-Formulary Meter and Non-Formulary Diabetic Test Strips**

Prescriber provides documentation of the following:

1. Medical necessity for a non-preferred product (See appendix A)
  - a. Physical disability (e.g., severe arthritis)
  - b. Visual impairment
  - c. Cognitive impairment

2. Quantity requested is  $\leq 100$  units per month

\* Requests for >100 units per month for non-preferred test strips must meet non-preferred agents' criteria AND all agents above quantity limit criteria

**Diabetic Test Strips Post Limit**

1. ONE of the following: \*
  - a. Medical necessity for increased testing (Examples of medical necessity include provider documentation of type 1 diabetes, gestational diabetes, insulin pump use, multiple daily insulin injections OR may infer from pharmacy claims for mealtime insulin (Apidra, Humalog, Humulin R, Novolin R, Novolog, or mixed insulins within the previous 90 days)
  - b. Treatment plan describing self-testing frequency (See Appendix B)

\*If member is utilizing a continuous glucose monitoring device, member must meet BOTH of the following.



### **Continuation of Therapy**

Reauthorization requires physician documentation of continued medical necessity for increased testing or continued medical necessity of the use of the non-preferred testing supplies.

### **Limitations**

1. Initial authorizations and reauthorizations will be granted for 12 months

### **Appendix**

**Appendix A** – Medical Necessity in certain populations

#### **Learning Disability**

if a prescriber documents that a member has a condition that may present a barrier to adopting a new preferred meter (learning disability without a care giver present, dementia, obsessive compulsive disorder); this should be taken into consideration. A 3-month approval can be granted to allow members to be trained on how to use a preferred meter.

**Insulin Pumps:** Certain insulin pumps are compatible with meters that allow them to connect through WiFi. This allows the insulin reading to be forwarded directly to the pump without a risk of dose entry errors. Any request for a non-preferred test strip for a member with an insulin pump and accompanying meter should be approved.

#### **Glucometer and personal electronic device interface:**

Certain glucometers may interface with computers, phones or other personalized electronic devices. One such device, the BG star meter is capable is syncing with smart phones. Requests for test strips that are used in meters with this functionality should generally be denied. However, if the member has a compelling indication for the use of this product (e.g. cognitive impairment and documented difficulty managing diabetes with other glucometers), the request may be forwarded to clinical review.

#### **Bolus dose calculator:**

The Accu-Chek Aviva<sup>®</sup> meter has a functionality that allows it to calculate bolus doses based upon patient specific factors (e.g. insulin sensitivity) and the amount of carbohydrate consumed. If the prescriber documents this as a medical necessity, this should generally not be considered to meet approval criteria. However, the request may be forwarded to clinical review for a member who has difficulty managing diabetes with other glucometers.

**Appendix B** – Increased Testing per Day

#### **Increased Testing per Day**

Certain populations may require increased daily blood glucose monitoring. Treatment guidelines recommend testing a minimum of two times and as much as six to ten (or more) times daily for patients on insulin, although individual needs may vary. These requests should be approved if the prescriber describes the treatment plan and the frequency of testing.

### **References**

N/A

### **Review History**

02/2016 – Reviewed and updated



01/20/2021 – Reviewed and Updated for Jan P&T; added criteria for ketone strips. Effective 03/01/21.  
05/19/2021 – Reviewed and Updated for May P&T; separated out Comm/Exch vs. MH to match MH UPPL; updated duration of approval; updated criteria for non-formulary meter, post limit QL and non-formulary QL; appendix added. Effective 07/01/2021.

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