



**Non-Formulary Diabetic Supplies
Effective 03/01/2021**

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|------------------------------|---|---------------------|--|
| Plan | <input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange | Program Type | <input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy |
| Benefit | <input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX) | | |
| Specialty Limitations | N/A | | |
| Contact Information | Specialty Medications | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | Non-Specialty Medications | | |
| | 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 |
| | Medical Specialty Medications (NLX) | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| Exceptions | N/A | | |

Overview
N/A

Coverage Guidelines

Non-Formulary Meter

1. ONE of the following is met:
 - a. The member is on an insulin pump that requires the corresponding meter.
 - b. The member is using non-formulary meter with ketone strips

Non-Formulary Diabetic Test Strips

1. The member is on an insulin pump that requires non-formulary test strips for the corresponding meter **OR** requires non-formulary test strips because member has ketone test strips which are being used for the corresponding meter.
2. ONE of the following is met:
 - a. The requested quantity is for no more than 8 test strips per day
 - b. The member has a medical need for testing more frequently than 8 times per day

Diabetic Test Strips Post Limit

1. ONE of the following is met:
 - a. The member has been diagnosed with gestational diabetes or a short-term condition
 - b. The patient is on an insulin pump
 - c. The patient has documented poor or fluctuating blood sugar control

Limitations



1. Initial authorizations and reauthorizations will be granted for 24 months

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.

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