Policy Title:	Diabetic Testing Supplies		
Policy Number:		Department:	PHA
Effective Date:	01/01/2019		
Review Date:	1/1/2019, 8/10/2020		
Revision Date:	7/26/2019, 8/4/2020		

Purpose: To support safe, effective and appropriate use of Diabetic Testing Supplies.

Scope: Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

Policy Statement:

Diabetic Testing Supplies are covered under the Medical Benefit (Medicare Part B) for Integrity and under the Pharmacy Benefit for Medicaid and our commercial LOB when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

Procedure:

Coverage of Diabetic Testing Supplies will be reviewed prospectively via the prior authorization process and members will be limited to a pre-specified Quantity Limit.

Medicaid

- *__Formulary Diabetic Testing Supplies include:__*
    - Diabetic Meter: Accu-Chek Guide Meter (Preferred), Accu-Chek Aviva Plus Meter, Accu-Chek Nano Meter
    - Diabetic Test Strips: Accu-Chek Guide, Accu-Chek Aviva Plus, and Accu-Chek Smartview
    - Diabetic Lancets: Accu-Chek FastClix, Accu-Chek Multiclix, and Accu-Chek SoftClix
        - *__Refer to the Diabetic Testing Supplies NDC list below for all LOBs.__*
- Diabetic Testing Supplies not on the formulary will undergo an Authorization Review Process after a request is received
- The Authorization Review Process will determine the following:
    - That the member has tried and failed the comparable formulary diabetic testing supplies OR
    - There is an appropriate rationale as to why the formulary alternatives are not appropriate for the member.
- *__Quantity Limit__*
    - Insulin Dependent: Quantity Limit of 200 Test Strips per 30 days
    - Diagnosis of Gestational Diabetes: Quantity Limit of 200 Test Strips per 30 days
    - Non-Insulin Dependent: Quantity Limit of 1 Test Strip per day (50 strips per 50 days)
    - If a quantity is requested that is greater than what is allowed, the Authorization Review Process will determine the following:
        - There is appropriate rationale as to why adhering to the quantity limit is not appropriate for the member

Commercial

- *__Formulary Diabetic Testing Supplies include:__*
    - Diabetic Meter: Accu-Chek Guide Meter (Preferred), Accu-Chek Aviva Plus Meter, Accu-Chek Nano Meter

- - Diabetic Test Strips: Accu-Chek Guide, Accu-Chek Aviva Plus, and Accu-Chek Smartview
    - Diabetic Lancets: Accu-Chek FastClix, Accu-Chek Multiclix, and Accu-Chek SoftClix
- Diabetic Testing Supplies not on the formulary will undergo an Authorization Review Process after a request is received
- The Authorization Review Process will determine the following:
    - That the member has tried and failed the comparable formulary diabetic testing supplies OR
    - There is an appropriate rationale as to why the formulary alternatives are not appropriate for the member.
- *Quantity Limit*
    - Insulin Dependent: Quantity Limit of 204 Test Strips per 25 days
    - If a quantity is requested that is greater than what is allowed, the Authorization Review Process will determine the following:
        - There is appropriate rationale as to why adhering to the quantity limit is not appropriate for the member

MMP (Integrity)

- *Formulary Diabetic Testing Supplies include:*
    - Diabetic Meter: Accu-Chek Guide Meter (Preferred), Accu-Chek Aviva Plus Meter, Accu-Chek Nano Meter
    - Diabetic Test Strips: Accu-Chek Guide, Accu-Chek Aviva Plus, and Accu-Chek Smartview
    - Diabetic Lancets: Accu-Chek FastClix, Accu-Chek Multiclix, and Accu-Chek SoftClix
    - Freestyle Libre Reader, Freestyle Libre Sensor
    - Dexcom G5 and G6
- Diabetic Testing Supplies not on the formulary will undergo an Authorization Review Process after a request is received
- The Authorization Review Process will determine the following:
    - That the member has tried and failed the comparable formulary diabetic testing supplies OR
    - There is an appropriate rationale as to why the formulary alternatives are not appropriate for the member.
- *Quantity Limit*
    - Insulin Dependent: Quantity Limit of 4 test strips per day
    - Non Insulin Dependent: Quantity Limit of 1 Test Strip per day (100 strips per 90 days)
    - If a quantity is requested that is greater than what is allowed, the Authorization Review Process will determine the following:
        - There is appropriate rationale as to why adhering to the quantity limit is not appropriate for the member

Coverage Duration: 12 months

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

Diabetic Testing Supplies NDC list.

Covered products:
*Accu-Chek preferred strategy for all three LOBs (see NDCs below)

FREESTYLE LIBRE and Dexcom are available at the Pharmacy for Medicare Members ONLY

This applies for all LOBs Medicare, Medicaid, and Commercial. Special UM rules apply per LOB. Please see below.

GPI	Category	NDC	NDC Name
97202027006300	*LANCET DEVICES***	All NDCs	ACCU-CHEK
97202030006400	*LANCET KIT***	All NDCs	ACCU-CHEK
97202025006300	*LANCETS***	All NDCs	ACCU-CHEK
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702010710	ACCU-CHEK SOL
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702048810	ACCU-CHEK LIQ SMART
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702046810	ACCU-CHEK SOL COMPACT
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702071310	ACCU-CHEK LIQ GUIDE
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702068810	ACCU-CHEK LIQ GUIDE
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702010110	ACCU-CHEK KIT AVIVA PL
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702072310	ACCU-CHEK KIT AVIVA PL
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702061710	ACCU-CHEK KIT GUIDE
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702072910	ACCU-CHEK KIT GUIDE
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702048310	ACCU-CHEK KIT NANO
94100030006100	GLUCOSE BLOOD TEST STRIP	65702071110	ACCU-CHEK TES GUIDE
94100030006100	GLUCOSE BLOOD TEST STRIP	65702071210	ACCU-CHEK TES GUIDE
94100030006100	GLUCOSE BLOOD TEST STRIP	65702040710	ACCU-CHEK TES AVIVA PL
94100030006100	GLUCOSE BLOOD TEST STRIP	65702040810	ACCU-CHEK TES AVIVA PL
94100030006100	GLUCOSE BLOOD TEST STRIP	50924098850	ACCU-CHEK TES COMPACT
94100030006100	GLUCOSE BLOOD TEST STRIP	50924088401	ACCU-CHEK TES COMPACT
94100030006100	GLUCOSE BLOOD TEST STRIP	65702049210	ACCU-CHEK TES SMART
94100030006100	GLUCOSE BLOOD TEST STRIP	65702049310	ACCU-CHEK TES SMART

MMP members only:

GPI	Category	NDC	NDC Name
97202012046300	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	57599-0001-01	FREESTYLE LIBRE 14 DAY/SENSOR
97202012026200	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	57599-0002-00	FREESTYLE LIBRE 14 DAY/READER
97202012046300	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	57599-0800-00	FREESTYLE LIBRE 2 SENSOR
97202012026200	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	57599-0803-00	FREESTYLE LIBRE 2 READER
97202012046300	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	08627-0053-03	DEXCOM G6
97202012066300	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	08627-0016-01	DEXCOM G6 MIS TRANSMIT
97202012066300	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	08627-0014-01	DEXCOM G5 MIS TRANSMIT
97202012046300	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	08627-0051-04	G5/G4 MIS SENSOR
97202012046300	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	08627-0053-03	DEXCOM G6 MIS SENSOR
97202012026200	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	08627-0080-11	DEXCOM G5 MIS RECEIVER
97202012026200	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	08627-0090-11	DEXCOM G5 MIS RECEIVER
97202012026200	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	08627-0091-11	DEXCOM G6 MIS RECEIVER