

# Glucose Test Strips Prior Authorization with Quantity Limit Program Summary

Prior authorization is set up to target non-formulary test strips. Ascensia and LifeScan are the Preferred manufacturers for all Formularies. Quantity limit applies to preferred and non-preferred products.

## POLICY REVIEW CYCLE

Effective Date Date of Origin

07-01-2024

#### FDA LABELED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Accu- Chek® produc ts  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Advocate® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
CareSens® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Choice® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Contour® pro ducts  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1

Agent(s)	FDA Indication(s)	Notes	Ref#
CVS® product s (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Diathrive® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
EasyGluco® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Easymax® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Embrace® pr oducts  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Fifty50® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Fora® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1

Agent(s)	FDA Indication(s)	Notes	Ref#
FortisCare® products  (Blood glucose test strip, Blood		NOTE: This table is not inclusive of all available diabetic test strips	1
glucose test meter)			
Freestyle® products (Blood		NOTE: This table is not inclusive of all available diabetic test strips	1
glucose test strip, Blood glucose test meter)			
GHT® Blood Glucose products		NOTE: This table is not inclusive of all available diabetic test strips	1
(Blood glucose test strip, Blood glucose test meter)			
Glucocard® products		NOTE: This table is not inclusive of all available diabetic	1
(Blood glucose test strip, Blood glucose test meter)		test strips	
iGlucose® products		NOTE: This table is not inclusive of all available diabetic test strips	
(Blood glucose test strip, Blood glucose test meter)		test strips	
Infinity® products		NOTE: This table is not inclusive of all available diabetic test strips	1
(Blood glucose test strip, Blood glucose test meter)		test strips	
MyGlucoHealt h® products (Blood		NOTE: This table is not inclusive of all available diabetic test strips	1
glucose test strip, Blood glucose test meter)		·	

Agent(s)	FDA Indication(s) Notes	Ref#
Nova Max® products (Blood	NOTE: This table i not inclusive of all available diabetic test strips	
glucose test strip, Blood glucose test meter)		
OneTouch® products	NOTE: This table in not inclusive of all available diabetic test strips	
(Blood glucose test strip, Blood glucose test meter)	test strips	
POGO Automatic® products	NOTE: This table i not inclusive of all available diabetic test strips	
(Blood glucose test strip, Blood glucose test meter)		
Precision® products	NOTE: This table in not inclusive of all available diabetic	
(Blood glucose test strip, Blood glucose test meter)	test strips	
Prodigy® products	NOTE: This table i not inclusive of all available diabetic test strips	
(Blood glucose test strip, Blood glucose test meter)	test strips	
ReliOn® products	NOTE: This table i not inclusive of all available diabetic	
(Blood glucose test strip, Blood glucose test meter)	test strips	
Sidekick® products	NOTE: This table in not inclusive of all available diabetic	
(Blood glucose test strip, Blood glucose test meter)	test strips	
Smart® Gluco-	NOTE: This table i not inclusive of all	

Agent(s)	FDA Indication(s)	Notes	Ref#
Monitoring poducts		available diabetic test strips	
(Blood glucose test strip, Blood glucose test meter)			
Telcare® products  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1
Verasens® pr oducts  (Blood glucose test strip, Blood glucose test meter)		NOTE: This table is not inclusive of all available diabetic test strips	1

See package insert for FDA prescribing information: <a href="https://dailymed.nlm.nih.gov/dailymed/index.cfm">https://dailymed.nlm.nih.gov/dailymed/index.cfm</a>

CLINICAL RATIONALE	
Glucose Test Strips and Meters	Glucose Test Strips and appropriate meters are indicated to be used for quantitatively measuring glucose in indicated blood samples. Strips and associated meters are intended for use outside the body by people with diabetes for self-monitoring of blood glucose at home and healthcare professionals in the clinical setting, as an aid to monitor the effectiveness of diabetes control.(1) There are many choices of meters and test strips to choose from. Individuals should choose the device based on ease of use, cost and insurance coverage, information retrieval, flexibility.(1)
	The evidence is insufficient regarding when to prescribe blood glucose monitors (BGM) and how often testing is needed for insulin-treated people with diabetes who do not use intensive insulin regimens, such as those with type 2 diabetes using basal insulin with or without oral agents and/or non-insulin injectables. In people with type 2 diabetes not using insulin, routine glucose monitoring may be of limited additional clinical benefit. For some individuals, glucose monitoring can provide insight into the impact of nutrition, physical activity, and medication management on glucose levels.

Glucose monitoring may also be useful in assessing hypoglycemia, glucose levels during intercurrent illness, or discrepancies between measured A1C and glucose levels when there is concern an A1C result may not be reliable in specific individuals. For patients using basal insulin, assessing fasting glucose with blood glucose monitoring to inform dose adjustments to achieve blood glucose targets results in lower A1C. For many individuals on intensive insulin regimens using BGM, this requires checking up to 6-10 times daily.(2)

#### **REFERENCES**

Number	Reference
	American Diabetes Association Consumer Guide. Meters. https://consumerguide.diabetes.org/collections/meters.

Number	Reference
	American Diabetes Association Professional Practice Committee; 7. Diabetes Technology: Standards of Care in Diabetes—2024. Diabetes Care 1 January 2024; 47 (Supplement_1): S126-S144. https://doi.org/10.2337/dc24-S007.

### POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
	1	T	<b>T</b>	T T		
Relion all-in-one compact	*blood glucose meter disposable device with test strips***		M;N;O;Y	N		
Pogo automatic test cartr	glucose blood test automatic cartridge		M;N;O;Y	N		
Glucose Blood Test Strip	Glucose Blood Test Strip		M;N;O;Y	N		

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)		Strengt h	QL Amount	Dose Form	Day Supply		Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Glucose Blood Test Strip	Glucose Blood Test Strip		204	Strips	30	DAYS			
Pogo automatic test cartr	glucose blood test automatic cartridge		200	Strips	30	DAYS			
Relion all-in-one compact	*blood glucose meter disposable device with test strips***		4	Kits	30	DAYS			

## CLIENT SUMMARY - PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Glucose Blood Test Strip	Glucose Blood Test Strip		Commercial ; HIM 5 and 6 Tiers ; HIM 7 Tiers
Pogo automatic test cartr	glucose blood test automatic cartridge		Commercial ; HIM 5 and 6 Tiers ; HIM 7 Tiers
Relion all-in-one compact	*blood glucose meter disposable device with test strips***		Commercial ; HIM 5 and 6 Tiers ; HIM 7 Tiers

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Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Glucose Blood Test Strip	Glucose Blood Test Strip		Commercial ; HIM 5 and 6 Tiers ; HIM 7 Tiers
Pogo automatic test cartr	glucose blood test automatic cartridge		Commercial ; HIM 5 and 6 Tiers ; HIM 7 Tiers
Relion all-in-one compact	*blood glucose meter disposable device with test strips***		Commercial ; HIM 5 and 6 Tiers ; HIM 7 Tiers

## PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

	Clinical Criteria for Approval				
	preferred glucose test and when ONE of the fol		ot Ascensia and LifeScan products) will be		
2.	the preferred test stri LifeScan products (e.g Patient has a severe v Patient is legally blind				
Lengt	<b>h of approval:</b> 12 mor	nths			
		st Strip Compatibility*			
	Insulin Pump and Tes				
Pum	Insulin Pump and Tes	st Strip Compatibility* Test Strip			
<b>Pum</b> <sub>l</sub>	Insulin Pump and Tes	st Strip Compatibility* Test Strip			
Pump Anima Insula Medtr	Insulin Pump and Tes  one of the control of the con	st Strip Compatibility*  Test Strip  OneTouch Ultra  FreeStyle			

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval			
	Quantity limit for the Test Strips will be approved when ONE of the following is met:			
	<ol> <li>The quantity requested is less than or equal to the program quantity limit OR</li> <li>The quantity requested is above the program limit and meeting one of the following:         <ul> <li>A. The patient is prescribed insulin administered by multiple daily injections or infusion pump that would put patient above the program quantity limit OR</li> <li>B. Prescriber has submitted documentation in support of higher quantity AND has been reviewed and approved by a clinical pharmacist</li> </ul> </li> </ol>			
	Length of approval: 12 months			