Diabetes Testing Supplies – Test Strips and Meters
Prior Authorization (with Quantity Limit) Criteria - Medicare Part B

PRIOR AUTHORIZATION AND QUANTITY LIMIT CRITERIA FOR APPROVAL

PA applies to non-covered products
QL applies to ALL products (covered and non-covered)

Non-covered diabetes testing supplies will be approved when ALL of the following are met:

1. ONE of the following:
    A. Information has been provided that the patient has been treated with a diabetes medication within the past 90 days
    OR
    B. Information has been provided that the patient has been treated with a concomitant medication that may affect blood sugar levels within the past 90 days
    OR
    C. The patient has gestational diabetes
    OR
    D. The patient has prediabetes or diabetes

    AND
2. The prescriber has provided information indicating the patient has failed or has limitations precluding the use of the covered* diabetes testing supply product
    AND
3. ONE of the following:
    A. The requested quantity does NOT exceed the program benefit limit
    OR
    B. BOTH of the following:
        i. The requested quantity is greater than the program benefit limit
        AND
        ii. The prescriber has provided information in support of therapy with a higher amount for the requested indication

Length of approval: 12 months

***Covered diabetes testing supplies products: Ascensia (Contour)**

Product	Quantity Limit
Accu-Chek	204 test strips/30 days
Contour	204 test strips/30 days
FreeStyle	204 test strips/30 days
OneTouch	204 test strips/30 days
ReliOn	204 test strips/30 days
True Metrix	204 test strips/30 days
OneTouch	204 test strips/30 days