

**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 include Ascensia (Contour) and Lifescan (OneTouch).**

<b>Product</b>	<b>Quantity Limit</b>
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