

Family of health care plans



# **PRIOR AUTHORIZATION CRITERIA**

## DRUG CLASS

**DIABETIC TEST STRIPS** 

Status: CVS Caremark Criteria Type: Post Limit Prior Authorization

## POLICY

**FDA-APPROVED INDICATIONS** 

N/A

### **COVERAGE CRITERIA**

The requested product will be covered with prior authorization when the following criteria are met:

• The patient is on an intensive insulin regimen (multiple-dose insulin or insulin pump therapy)

Quantity Limit applies 306 test strips\*\* / 25 days\* or 918 test strips\*\* / 75 days\*

\* The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

\*\* Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

### **REFERENCES**

1. Standards of Medical Care in Diabetes-2017: American Diabetes Association (ADA). *Diabetes Care* January 2017;40(Supplement1).

Diabetic Test Strips Post Limit Policy 07-2016.doc

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