

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).