

Clinical Policy Title:	Glucose Meter and Test Strip Exception Policy
Policy Number:	RxA.603
Drug(s) Applied:	Glucose Meter and Test Strip Exception Policy
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

Background

Self-monitoring of blood glucose (SMBG) should be part of a regular management plan for patients with diabetes. Glucose meters and test strips are indicated for use in patients with diabetes mellitus to monitor blood glucose levels.

Usage regimen is individualized based on patient goals. Meters and test strips packaging vary by product and manufacturer.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Varies by the product	Varies by the product	Varies by the product	Varies by the product

Dosage Forms

- Varies by the product

Clinical Policy

Preferred Meter and Test Strip Manufacturer: LifeScan

Prescriber must submit documentation supporting that member has met all approval criteria to obtain a glucose meter and test strips that are not preferred.

I. Initial Approval Criteria

A. Patients with Diabetes Mellitus:

- Patient has a disability, such as impaired eyesight, that prohibits the proper use of the preferred glucose meter and test strips; or
- The preferred device and test strips are not compatible with the current technology (i.e. insulin pump) the patient is successfully using to monitor and/or control their blood glucose.

Approval Duration

Commercial: 12 months

Medicaid: 12 months

II. Continued Therapy Approval

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

- A. All Indications in Section I
1. Patient continues to have a diagnosis of diabetes mellitus;
 2. Patient has a disability or continues to utilize a technology that requires an alternative glucose meter and test strips.

Approval duration

Commercial: 12 months

Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

SMBG: self-monitoring of blood glucose

APPENDIX B: Therapeutic Alternatives

- Not applicable

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
 - None reported
- Boxed Warning(s):
 - None reported

APPENDIX D: General Information

- Blood glucose monitoring (either with self-monitoring [SMBG] or CGM) is a tool used to evaluate whether glycemic targets are being achieved. It enables evaluation of response to both pharmacologic therapy and lifestyle modifications and can therefore help guide treatment decisions and/or self-management.

References

1. American Diabetes Association. Standards of medical care in diabetes—2020. Diabetes Care. 2020 Jan; 43(suppl 1): S1-S2. Available at: https://care.diabetesjournals.org/content/diacare/43/Supplement_1/S1.full.pdf. Accessed October 08, 2020.
2. Garber AJ, Abrahamson MJ, Barzilay JI, et al. Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the comprehensive type 2 diabetes management algorithm – 2019 executive summary. Endocr Pract. 2019; 25(1): 69-204.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	2/2020	3/6/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. Policy title table was updated. 2. Line of Business Policy Applies to was update to all lines of business. 3. References were updated. 	10/08/2020	12/07/2020