

Policy Title:	Diabetic Supplies for Pharmacy		
Policy Number:	N/A	Department:	PHA
Effective Date:	01/01/2019		
Review Date:	1/1/2019, 8/10/2020, 1/28/2021, 3/16/2021, 2/17/2022, 11/10/2022, 4/13/2023, 5/4/2023, 4/2024, 7/2024, 8/2025, 11/2025		

Purpose:

To support the safe, effective, and appropriate use of diabetic supplies billed at a retail Pharmacy.

Scope:

Medicaid, Commercial, Medicare

Policy Statement:

Diabetic supplies are covered under Part B for Medicare members at the Pharmacy and under the Pharmacy Benefit for Medicaid and Commercial members when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under the exception process.

Procedure:

Medicaid

- **Formulary Diabetic Supplies include:**
 - **Meters:** Accu-Chek Guide (Preferred), Accu-Chek Aviva Plus
 - **Test Strips:** Accu-Chek Guide, Accu-Chek Aviva Plus, Accu-Chek Smartview
 - **Lancets:** Any
 - **Calibration Solution:** Accu-Chek Solution, Accu-Chek Liquid Smart Control, Accu-Chek Liquid Guide Control, Accu-Chek Guide Control
 - **Continuous Glucose Monitors:** FreeStyle Libre (Prior Authorization and Quantity Limits apply), Dexcom (Prior Authorization and Quantity Limits apply)
 - **Insulin Pumps:** Omnipod (Prior Authorization and Quantity Limits apply)
- Non-formulary supplies will require review prospectively via the prior authorization process
- The prior authorization review process will determine:
 - That the member has tried and failed the comparable formulary alternatives OR
 - That there is an appropriate rationale as to why the formulary alternatives are not appropriate for the member
- **Quantity Limits for Formulary Diabetic Test Strips include:**
 - **Insulin dependent:** 200 test strips per 30 days

- **Gestational diabetes:** 200 test strips per 30 days
- **Non-insulin dependent:** 1 test strip per day (i.e., 50 test strips per 50 days)
- Quantities greater than allowed will require review prospectively via the prior authorization process
- The prior authorization review process will determine:
 - That there is appropriate rationale as to why adhering to the quantity limit is not appropriate for the member
- **Diabetic Products Not Available at the Pharmacy** (i.e., DME only)
 - Insulin pumps not listed above (e.g., V-Go Kit, Medtronic MiniMed, Tandem AutoSoft, etc.)

Commercial

- **Formulary Diabetic Supplies include:**
 - **Meters:** Accu-Chek Guide (Preferred), Accu-Chek Aviva Plus
 - **Test Strips:** Accu-Chek Guide, Accu-Chek Aviva Plus, Accu-Chek Smartview,
 - **Lancets:** Any
 - **Calibration Solution:** Accu-Chek Solution, Accu-Chek Liquid Smart Control, Accu-Chek Liquid Guide Control, Accu-Chek Guide Control
 - **Continuous Glucose Monitors:** Dexcom, FreeStyle Libre
 - **Insulin Pumps:** Omnipod, V-Go Kit
- Non-formulary testing supplies will require review prospectively via the prior authorization process
- The prior authorization review process will determine:
 - That the member has tried and failed the comparable formulary alternatives OR
 - That there is an appropriate rationale as to why the formulary alternatives are not appropriate for the member
- **Quantity Limits for Formulary Diabetic Test Strips include:**
 - 150 test strips per 30 days
- Quantities greater than allowed will require review prospectively via the prior authorization process
- The prior authorization review process will determine:
 - That there is appropriate rationale as to why adhering to the quantity limit is not appropriate for the member
- **Diabetic Products Not Available at the Pharmacy** (i.e., DME only)
 - Insulin pumps not listed above (e.g., Medtronic MiniMed, Tandem AutoSoft, etc.)

Medicare

- **Preferred Diabetic Supplies (Part B) include:**
 - **Meters:** Accu-Chek Guide (Preferred), Accu-Chek Aviva Plus
 - **Test Strips:** Accu-Chek Guide, Accu-Chek Aviva Plus, Accu-Chek Smartview, Accu-Chek Compact Plus
 - **Lancets:** Any
 - **Calibration Solution:** Accu-Chek Solution, Accu-Chek Liquid Smart Control, Accu-Chek Solution Compact Plus Clear, Accu-Chek Liquid Guide Control, Accu-Chek Guide Control
 - **Continuous Glucose Monitors:** Dexcom, FreeStyle Libre
- **Formulary Diabetic Supplies (Part D) include:**
 - Insulin Pumps: Omnipod (Prior Authorization and Quantity Limits apply), V-Go Kit (Prior Authorization and Quantity Limits apply)
- Non-preferred testing supplies (Part B) will require review prospectively via the organization determination process
- An organization determination for a non-preferred diabetic testing supply (Part B) will be approved if:
 - The member has tried and failed the comparable preferred alternatives OR
 - There is an appropriate rationale as to why the preferred alternatives are not appropriate for the member
- **Quantity Limits for Preferred Diabetic Test Strips include:**
 - Insulin dependent: 4 test strips per day (e.g., 100 test strips per 25 days)
 - Gestational diabetes: 4 test strips per day (e.g., 100 test strips per 25 days)
 - Non-insulin dependent: 100 test strips per 68 days
- Quantities greater than allowed will require review prospectively via the organization determination process
- An organization determination for a quantity limit exception for a preferred diabetic testing supply (Part B) will be approved if:
 - There is appropriate rationale as to why adhering to the quantity limit is not appropriate for the member
- **Diabetic Products Not Available at the Pharmacy**
 - Other insulin pumps (e.g., Medtronic MiniMed, Tandem AutoSoft, etc.) (i.e., DME only)
 - Any continuous blood glucose monitor that does not work with a stand-alone receiver will be denied as a benefit exclusion

Coverage Duration: 12 months

Investigational use: All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.