

Policy Title:	Diabetic Supplies for Pharmacy		
Policy Number:		Department:	PHA
Effective Date:	01/01/2019		
Review Date:	1/1/2019, 8/10/2020, 1/28/2021, 3/16/2021, 02/17/2022		
Revision Date:	8/4/2020, 1/28/2021, 3/16/2021		

Purpose:

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

Scope:

Medicaid, Commercial, Medicare-Medicaid Plan (MMP)

Policy Statement:

Diabetic supplies are covered under Part B for INTEGRITY 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, Accu-Chek Nano
 - **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:** 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, Accu-Chek Nano
 - **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
 - **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:**
 - 204 test strips per 25 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.)

MMP (Medicare-Medicaid Plan)

- ***Formulary Diabetic Supplies include:***
 - **Meters:** Accu-Chek Guide (Preferred), Accu-Chek Aviva Plus, Accu-Chek Nano
 - **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
 - **Insulin Pumps:** Omnipod (Prior Authorization and Quantity Limits apply), V-Go Kit (Prior Authorization and Quantity Limits apply)
- 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:***
 - 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 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)
 - Other insulin pumps (e.g., Medtronic MiniMed, Tandem AutoSoft, etc.)

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.

Accu-Chek Preferred NDC's

GPI	Category	NDC	NDC Name
97202027006300	*LANCET DEVICES***	All NDCs	ACCU-CHEK
97202030006400	*LANCET KIT***	All NDCs	ACCU-CHEK
97202025006300	*LANCETS***	All NDCs	ACCU-CHEK
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702010710	ACCU-CHEK SOL
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702048810	ACCU-CHEK LIQ SMART
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702046810	ACCU-CHEK SOL COMPACT
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702071310	ACCU-CHEK LIQ GUIDE
97202007100900	BLOOD GLUCOSE CALIBRATION - LIQUID	65702068810	ACCU-CHEK LIQ GUIDE
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702010110	ACCU-CHEK KIT AVIVA PL
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702072310	ACCU-CHEK KIT AVIVA PL
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702061710	ACCU-CHEK KIT GUIDE
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702072910	ACCU-CHEK KIT GUIDE
97202010006410	BLOOD GLUCOSE MONITORING KITS	65702048310	ACCU-CHEK KIT NANO
94100030006100	GLUCOSE BLOOD TEST STRIP	65702071110	ACCU-CHEK TES GUIDE
94100030006100	GLUCOSE BLOOD TEST STRIP	65702071210	ACCU-CHEK TES GUIDE
94100030006100	GLUCOSE BLOOD TEST STRIP	65702040710	ACCU-CHEK TES AVIVA PL
94100030006100	GLUCOSE BLOOD TEST STRIP	65702040810	ACCU-CHEK TES AVIVA PL
94100030006100	GLUCOSE BLOOD TEST STRIP	50924098850	ACCU-CHEK TES COMPACT
94100030006100	GLUCOSE BLOOD TEST STRIP	50924088401	ACCU-CHEK TES COMPACT
94100030006100	GLUCOSE BLOOD TEST STRIP	65702049210	ACCU-CHEK TES SMART
94100030006100	GLUCOSE BLOOD TEST STRIP	65702049310	ACCU-CHEK TES SMART