

## **Clinical Policy: Non-Formulary Test Strips**

Reference Number: HIM.PA.34

Effective Date: 02.01.16

Last Review Date: 02.19

Line of Business: HIM

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### **Description**

Non-formulary blood glucose test strips require prior authorization.

### **FDA Approved Indication(s)**

Blood glucose test strips are indicated for use in patients with diabetes mellitus to monitor blood glucose levels.

### **Policy/Criteria**

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

#### **I. Initial Approval Criteria**

##### **A. Request for Non-Formulary Test Strips (must meet all):**

1. Provider submits a letter of medical necessity detailing why current formulary products cannot be used (e.g., dexterity impairment, use of an insulin pump requiring specific test strips).

**Approval duration: 12 months**

##### **B. Other diagnoses/indications: Not applicable**

#### **II. Continued Therapy**

##### **A. Request for Non-Formulary Test Strips (must meet all):**

1. Currently receiving prescribed agent via Centene benefit or member has previously met initial approval criteria.

**Approval duration: 12 months**

##### **B. Other diagnoses/indications: Not applicable**

**III. Diagnoses/Indications for which coverage is NOT authorized: Not applicable**

#### **IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

*Appendix B: Therapeutic Alternatives*

Not applicable

*Appendix C: Contraindications/Boxed Warnings*  
 None reported

**V. Dosage and Administration**

Usage regimen is individualized based on patient’s goals.

**VI. Product Availability**

Test strip packaging varies by product and manufacturer.

**VII. References**

1. Not applicable

Reviews, Revisions, and Approvals	Date	P&T Approval Date
No clinical changes to criteria; Converted to new template; Removed “Evidence of continued use of a pump requiring specific test strips” from continuation criteria to allow for other valid medical reasons.	12.16	02.17
1Q18 annual review: - No significant changes.	11.02.17	02.18
1Q 2019 annual review: no significant changes; modified “diabetic test strips” to “blood glucose test strips”; references reviewed and updated.	10.12.18	02.19

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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