Clinical Policy: Non-Preferred Blood Glucose Monitors/Test Strips

Reference Number: IL.ERX.PMN.215
Effective Date: 06.01.21
Last Review Date: 05.21
Line of Business: Illinois Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Blood glucose monitors and test strips are used together to monitor blood glucose levels. Prior authorization is required for non-preferred blood glucose monitors and test strips.

If request is for a continuous glucose monitor, refer to IL.ERX.PMN.214 Continuous Glucose Monitors.

FDA Approved Indication(s)
Blood glucose monitors and 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.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions that non-preferred blood glucose monitors and test strips are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Request for Non-Preferred Blood Glucose Monitors/Test Strips

If request is for a continuous glucose monitor, refer to IL.ERX.PMN.214 Continuous Glucose Monitors.

1. Medical justification supports inability to use the health-plan preferred blood glucose monitor(s) and/or test strip(s) – examples include, but are not limited to, any of the following:
   a. Member has impaired vision and requires a blood glucose monitor with audio;
   b. Member has limited dexterity (e.g., arthritis) and requires larger test strips, a blood glucose monitor with larger buttons, or pre-loaded lancet drum with no individual lancets;
   c. Member is currently using an insulin pump that is incompatible with the preferred products.

Approval duration: 12 months

II. Continued Therapy: Not applicable

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

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
CGM: continuous glucose monitoring
FDA: Food and Drug Administration
SMBG: self-monitoring of blood glucose

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative products recommended in the approval criteria. The products listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Product Name	Dosing Regimen	Dose Limit/ Maximum Dose
OneTouch® products: OneTouch Verio® Flex, OneTouch Delica® Plus	Varies	Not applicable

Appendix C: Contraindications/Boxed Warnings
None reported

Appendix D: General Information
- Blood glucose monitoring (either with self-monitoring [SMBG] or continuous monitoring [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.
- The American Diabetes Association, American Association of Clinical Endocrinologists, and American College of Endocrinology do not prefer any one blood glucose monitor/test strip brand over another.
- Examples of medical justification for inability to use preferred products include, but are not limited to:
  - Member has impaired vision and requires a blood glucose monitor with audio
  - Member has limited dexterity (e.g., arthritis) and requires larger test strips, a blood glucose monitor with larger buttons, or pre-loaded lancet drum with no individual lancets
  - Member is currently using an insulin pump that is incompatible with the preferred products

V. Dosage and Administration
Usage regimen is individualized based on patient goals.

VI. Product Availability
Monitor and test strip packaging vary by product and manufacturer.

VII. References
1. American Diabetes Association. Standards of medical care in diabetes—2020. Diabetes Care. 2020; 43(suppl 1): S1-S212. Updated June 5, 2020. Accessed July 1, 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 – 2020 executive summary. Endocr Pract. 2020; 26(1): 107-139.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	04.15.21	05.21

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.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.