

## Policies Repository



# AmeriHealth.

**Policy Title** Non-Preferred Diabetic Test Strips

**Policy Number** FS.CLIN.32

*Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.*

*This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.*

*Members are advised to use participating pharmacies in order to receive the highest level of benefits.*

**Policy** **Diabetic Test Strips** are indicated for blood glucose monitoring in the management of Diabetes. The use of non-preferred diabetic test strips requires prior authorization (i.e. clinical pharmacy and/or medical director review).

**Policy description** **Diabetic test strips** are FDA approved to be used with a blood glucose monitor to achieve accuracy in reading blood sugar. No clinical trials were found that showed superiority for any particular diabetic test strip over another in terms of accuracy.

**Policy guideline inclusion** **A Non-Preferred Diabetic Test Strip** is approved when the following inclusion criterion is met:

- Documentation of a 30 day trial and failure or contraindication with **one** test strip from **both** of the preferred manufacturers:
  - Bayer
    - Ascensia® Autodisc™ Test strips
    - Ascensia® Breeze® 2 Test Strips
    - Ascensia® Contour® Test Strips
    - Ascensia® ELITE® Test Strips
  - Abbott
    - Freestyle® Lite™ Test Strips
    - FreeStyle® Test Strips
    - Precision Xtra® Test Strips

**Policy guideline exclusion** **A Non-Preferred Diabetic Test Strip** is denied when the following exclusion criterion is found:

- No documentation of a 30 day trial and failure or contraindication with **one** test strip from **both** of the preferred manufacturers:
  - Bayer

- Ascensia® Autodisc™ Test strips
- Ascensia® Breeze® 2 Test Strips
- Ascensia® Contour® Test Strips
- Ascensia® ELITE® Test Strips
- Abbott
  - Freestyle® Lite™ Test Strips
  - FreeStyle® Test Strips
  - Precision Xtra® Test Strips

**Policy List of  
Applicable  
Drugs**

All Diabetic Test Strips

**Dosing and  
administration**

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

**Policy  
references**

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Simple Diagnostics Website. Available @ <http://www.simplediagnosics.com/>. Accessed on May 16, 2011.

US Diagnostics Website. Available @ [http://www.usdiagnostics.net/index.php?section=professional&page=professional\\_specifications.htm](http://www.usdiagnostics.net/index.php?section=professional&page=professional_specifications.htm). Accessed on May 16, 2011.

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**Policy link to related policies**

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