



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2018 P 1107-8
Program	Notification – Custom Oxford
Medication	Test Strips
P&T Approval Date	11/2012, 8/2013, 5/2014, 5/2015, 10/2015, 10/2016, 10/2017, 3/2018, 6/2018
Effective Date	9/1/2018; Oxford: 9/1/2018

**1. Background:**

The American Diabetes Association (ADA) recommends routine blood glucose monitoring in patients using insulin therapy. The ADA also notes that blood glucose monitoring may be helpful to guide treatment decisions for patients using noninsulin therapies. The ADA does not differentiate between brands of diabetic meters or test strips in their recommendation.

This program allows members utilizing an insulin pump to continue on their current diabetic meter/test strip if it the diabetic meter/strip is part of the system and interfaces directly with the insulin pump. Members not utilizing an insulin pump must have documentation demonstrating why utilization of a Lifescan diabetic meter/test strip is unsafe, inaccurate or not feasible before coverage will be provided for Abbott, Ascensia, or Roche diabetic meters/test strips.

**2. Coverage Criteria<sup>a</sup>:**

**A. Abbott Diabetic Test Strips and Meters will be approved based on one of the following:**

1. **One** of the following:

a. **All** of the following:

- (1) Patient is currently using an OmniPod Insulin Pump
- (2) For test strip requests, **both** of the following:

- (a) Patient is requesting **only** FreeStyle test strips
- (b) Patient is not requesting FreeStyle Insulinx, FreeStyle Lite, FreeStyle Precision Neo or Precision Xtra test strips

**-OR-**

b. **All** of the following:

- (1) Patient is currently using a FreeStyle Libre Flash Glucose Monitoring

System

(2) For test strip requests, **both** of the following:

- (a) Patient is requesting **only** FreeStyle Precision Neo test strips
- (b) Patient is not requesting FreeStyle, FreeStyle Insulinx, FreeStyle Lite or Precision Xtra test strips

**-OR-**

- 2. Submission of medical records documenting a physical or mental limitation that makes utilization of **one** of the following Lifescan diabetic meter/test strip products unsafe, inaccurate or otherwise not feasible (e.g. manual dexterity):
  - a. OneTouch UltraMini Meter (OneTouch Ultra Test Strips)
  - b. OneTouch Ultra 2 Meter (OneTouch Ultra Test Strips)
  - c. OneTouch Verio Meter (OneTouch Verio Test Strips)
  - d. OneTouch Verio IQ Meter (OneTouch Verio Test Strips)
  - e. OneTouch Verio Sync Meter (OneTouch Verio Test Strips)

**Authorization will be issued for 12 months.**

**B. Ascensia Diabetic Test Strips and Meters\* will be approved based on the following:**

- 1. Submission of medical records documenting a physical or mental limitation that makes utilization of **one** of the following Lifescan diabetic meter/test strip products unsafe, inaccurate or otherwise not feasible (e.g. manual dexterity):
  - a. OneTouch UltraMini Meter (OneTouch Ultra Test Strips)
  - b. OneTouch Ultra 2 Meter (OneTouch Ultra Test Strips)
  - c. OneTouch Verio Meter (OneTouch Verio Test Strips)
  - d. OneTouch Verio IQ Meter (OneTouch Verio Test Strips)
  - e. OneTouch Verio Sync Meter (OneTouch Verio Test Strips)

**Authorization will be issued for 12 months.**

**C. Roche Diabetic Test Strips and Meters will be approved based on one of the following:**

- 1. **All** of the following:
  - a. Patient is currently utilizing an Accu-Chek Combo Insulin Pump
  - b. For test strip requests, **both** of the following:
    - (1) Patient is requesting **only** Accu-Chek Aviva Plus test strips.
    - (2) Patient is not requesting Accu-Chek Compact, Accu-Chek Compact Plus,

or Accu-Chek Smartview test strips

**-OR-**

2. Submission of medical records documenting a physical or mental limitation that makes utilization of **one** of the following Lifescan diabetic meters/test strips product unsafe, inaccurate or otherwise not feasible (e.g. manual dexterity):
  - a. OneTouch UltraMini Meter (OneTouch Ultra Test Strips)
  - b. OneTouch Ultra 2 Meter (OneTouch Ultra Test Strips)
  - c. OneTouch Verio Meter (OneTouch Verio Test Strips)
  - d. OneTouch Verio IQ Meter (OneTouch Verio Test Strips)
  - e. OneTouch Verio Sync Meter (OneTouch Verio Test Strips)

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Supply limitations may be in place.
- \*Contour Next test strips, Contour Next Meter, Contour Next One Meter, and Contour Next EZ Meter are covered without prior authorization review.

**4. References:**

1. American Diabetes Association; Standards of Medical Care in Diabetes – 2017. Diabetes Care 2017; Jan; 40 (Supplement 1): S48-S56



Program	Oxford Test Strips
<b>Change Control</b>	
8/2013	Added criteria to allow coverage of tier 3 test strips used with specific insulin pump
5/2014	Annual review with administrative changes.
5/2015	Annual review.
10/2015	Removed Accu-Chek products from preferred products. Changed coverage criteria to require either the use of an insulin pump that is associated with the specific non-preferred test strip, or require that the member has a physical or mental limitation to the meter associated with the preferred test strips.
10/2016	Annual review with administrative changes.
10/2017	Annual review. State mandate reference language updated. References updated.
3/2018	Removed Contour Next from the criteria. Contour Next test strips and meters will be covered without criteria.
6/2018	Added criteria to allow coverage for FreeStyle Precision Neo blood glucose test strips for FreeStyle Libre Flash Glucose Monitoring system utilizers.