

Reference number(s) 1520-A

#### This document applies to the following:

Formulary	Applies
Advanced Control (ACF)	V
Advanced Control Formulary Chart (ACFC)	V
Advanced Control - Choice (ACCF)	V
Basic Control (BC)	V
Basic Control Chart (BCC)	V
Standard Control (SF)	V
Standard Control Formulary Chart (SFC)	V
Standard Control - Choice (SCCF)	V
Value (VF)	V
Value Formulary Chart (VFC)	V

Formulary	Applies
Managed Medicaid Template (MMT)	
Marketplace (MF)	
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	
Aetna Individual Lives (IVL)	
Aetna Fully Insured Advanced Control Formulary (Aetna FI ACF)	V
Aetna Fully Insured Advanced Control Formulary Chart (Aetna FI ACFC)	
Aetna Fully Insured Standard Opt-Out (Aetna FI SOO)	

# Medical Necessity Criteria Test Strips

### **Coverage Criteria**

Authorization may be granted for the requested non-preferred diabetic test strips when ALL of the following criteria are met:

- The patient cannot be treated with a preferred product (Available Formulary Alternatives: Accu-Chek and True Metrix products).
- The patient meets ONE of the following:
  - The request is for a Contour test strip product and the following criteria is met:
    - The requested test strips are for use in association with a MiniMed insulin pump OR OmniPod Dash insulin pump. [ACTION REQUIRED: Documentation is required for approval.]
  - The request is for a Freestyle test strip product and the following criteria is met:
    - The requested test strips are for use in association with an OmniPod insulin pump.
  - The request is NOT for a Contour or Freestyle test strip product and the following criteria is met:
    - The patient has an insulin pump that is incompatible with an Accu-Chek OR a True Metrix product.

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## **Duration of Approval (DOA)**

1520-A: DOA: 12 months

#### References

N/A

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