

# PRIOR AUTHORIZATION CRITERIA

## DRUG CLASS

## DIABETIC TEST STRIPS

**Status:** CVS Caremark® Criteria

**Type:** Post Limit Prior Authorization

## POLICY

## FDA-APPROVED INDICATIONS

N/A

## COVERAGE CRITERIA

Authorization may be granted for the requested product when the following criteria is met:

- The patient is on an intensive insulin regimen (multiple-dose insulin or insulin pump therapy)

## QUANTITY LIMITS APPLY

300 test strips\*\* per 25 days\* or 900 test strips\*\* per 75 days\*

\* The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

\*\* Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

## DURATION OF APPROVAL (DOA)

- 1373-J: DOA: 12 months

## REFERENCES

1. American Diabetes Association Professional Practice Committee 7. Diabetes technology: Standards of Care in Diabetes - 2024. Diabetes Care 2024;47(Suppl. 1):S126-S144.