

This document applies to the following:

Formulary	Applies
Advanced Control (ACF)	<input checked="" type="checkbox"/>
Advanced Control Formulary Chart (ACFC)	<input checked="" type="checkbox"/>
Advanced Control – Choice (ACCF)	<input checked="" type="checkbox"/>
Basic Control (BC)	<input checked="" type="checkbox"/>
Basic Control Chart (BCC)	<input checked="" type="checkbox"/>
Standard Control (SF)	<input checked="" type="checkbox"/>
Standard Control Formulary Chart (SFC)	<input checked="" type="checkbox"/>
Standard Control – Choice (SCCF)	<input checked="" type="checkbox"/>
Value (VF)	<input checked="" type="checkbox"/>
Value Formulary Chart (VFC)	<input checked="" type="checkbox"/>

Formulary	Applies
Managed Medicaid Template (MMT)	<input type="checkbox"/>
Marketplace (MF)	<input type="checkbox"/>
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	<input type="checkbox"/>
Aetna Individual Lives (IVL)	<input type="checkbox"/>
Aetna Fully Insured Advanced Control Formulary (Aetna FI ACF)	<input checked="" type="checkbox"/>
Aetna Fully Insured Advanced Control Formulary Chart (Aetna FI ACFC)	<input type="checkbox"/>
Aetna Fully Insured Standard Opt-Out (Aetna FI SOO)	<input type="checkbox"/>

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.

Reference number(s)
1520-A

Duration of Approval (DOA)

- 1520-A: DOA: 12 months

References

N/A