

## Clinical Policy: Blood Glucose Test Strip Quantity Limit - Not Receiving Insulin

Reference Number: OR.CP.PMN.151

Effective Date: 04.01.22

Last Review Date: 01.23

Line of Business: Medicaid – Trillium Oregon Health Plan

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

Blood glucose test strips are used with glucometers to monitor blood glucose levels. Prior authorization is required for members not receiving concurrent insulin therapy who have exceeded a quantity limit of 100 test strips within a 90-day period.

### FDA Approved Indication(s)

Blood glucose test strips are indicated for use in patients with diabetes mellitus to monitor blood glucose levels.

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of Trillium Community Health Plan that blood glucose test strips in excess of 100 strips per 90 days or in excess of state requirements are **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

*\*\*These criteria do not apply to members on insulin. If the member is determined to be on insulin (e.g., chart notes), approve per health plan quantity limit.\*\**

##### A. Test Strips Use in Excess of 100 Strips/90 Days or In Excess of State Requirements (must meet all):

1. Diagnosis of diabetes mellitus;
2. Prescribed for self-monitoring of blood glucose (SMBG);
3. Provider submits details of all of the following (a and b):
  - a. Number of test strips required daily;
  - b. Reason for rigorous (greater than once daily) SMBG in the absence of insulin therapy (see *Appendix E* for examples) and how this will lead to improved member health outcomes

##### **Approval duration: Duration of request or 6 months (whichever is less)**

*Approve the quantity requested by the provider or up to a maximum of 10 strips per day (whichever is less). Reviewing clinician may use their clinical judgement to determine the appropriate approval duration if the submitted prior authorization request does not specify an expected duration of rigorous monitoring.*

**B. Other diagnoses/indications:** Not applicable

## **II. Continued Therapy**

*\*\*These criteria do not apply to members on insulin. If the member is determined to be on insulin (e.g., chart notes), approve per health plan quantity limit.\*\**

### **A. Test Strip Use in Excess of 100 Strips/90 Days or In Excess of State Requirements**

(must meet all):

1. Previously authorized to receive > 100 test strips in a 90-day period via Centene benefit or member has previously met the initial approval criteria;
2. Provider submits details of why the member must continue to perform rigorous SMBG in the absence of insulin therapy (see *Appendix E* for examples) and the number of test strips required daily

#### **Approval duration: Duration of request or 6 months (whichever is less)**

*Approve the quantity requested by the provider or up to a maximum of 10 strips per day (whichever is less). Reviewing clinician may use their clinical judgement to determine the appropriate approval duration if the submitted prior authorization request does not specify an expected duration of rigorous monitoring.*

**B. Other diagnoses/indications:** Not applicable

**III. Diagnoses/Indications for which coverage is NOT authorized:** Not applicable

## **IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

SMBG: self-monitoring of blood glucose

*Appendix B: Therapeutic Alternatives*

Not applicable

*Appendix C: Contraindications/Boxed Warnings*

None reported

*Appendix D: General Information*

- SMBG is a tool used to evaluate whether glycemic targets are being achieved. SMBG enables evaluation of response to both pharmacologic therapy and lifestyle modifications and can therefore help guide treatment decisions and/or self-management.
- Per both the American Diabetes Association and American Association of Clinical Endocrinologists/American College of Endocrinology 2017 guidelines, SMBG should be performed by all patients receiving insulin therapy. Patients who are not receiving insulin therapy can also benefit from SMBG, although there is no clear guidance on when SMBG should be initiated or how frequently it should be performed. Instead, it depends on individual patient needs and goals.

*Appendix E: Self-Monitoring of Blood Glucose: Examples for Rigorous Testing*

- Cystic fibrosis-related diabetes
- Severe glucose abnormalities during pregnancy

## CLINICAL POLICY

### Blood Glucose Test Strip QL - Not Receiving Insulin



- Newly diagnosed diabetic patients who are having trouble getting their blood glucose under control

#### V. Dosage and Administration

Usage regimen is individualized based on patient's goals.

#### VI. Product Availability

Test strip packaging varies by product and manufacturer.

#### VII. References

1. American Diabetes Association. Standards of medical care in diabetes—2022. *Diabetes Care*. 2022; 45(suppl 1): S1-S264. Updated May 2022. Accessed October 26, 2022.
2. Blonde L, Umpierrez GE, Reddy SS, et al. American Association of Clinical Endocrinology clinical practice guideline: Developing a diabetes mellitus comprehensive care plan – 2022 update. *Endocrine Practice*. 2022; 28(10): 923-1049.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created: adapted from previously approved policy TCHP.PHAR.2004 Blood Glucose Test Strip Quantity Limit - Not Receiving Insulin. No significant changes.	12.20.21	01.06.22
1Q 2023 annual review: no significant changes; references reviewed and updated.	12.15.22	01.05.23

#### Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

## CLINICAL POLICY

### Blood Glucose Test Strip QL - Not Receiving Insulin



This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

#### **Note:**

**For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.