



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2024 P 2069-15 |
| Program | Prior Authorization/Non-Formulary |
| Medication | Abbott Diabetic Meters (e.g. FreeStyle Freedom Lite, FreeStyle InsuLinx, FreeStyle Lite, FreeStyle Neo, Precision Xtra,) Abbott Test Strips (e.g. FreeStyle Insulinx, FreeStyle Lite, FreeStyle, FreeStyle Precision Neo, Precision Xtra), Ascensia Diabetic Meters, excluding Contour Next Meters* (e.g. Contour, Contour Next Link), Ascensia Test Strips, excluding Contour Next* Test Strips (e.g. Contour), Roche Diabetic Meters, excluding Accu-Chek Guide* and Accu-Chek Guide Me* (e.g. Accu-Chek Aviva Plus,), Roche Test Strips, excluding Accu-Chek Guide* (e.g. Accu-Chek Aviva Plus, Accu-Chek Compact, Accu-Chek Smartview) |
| P&T Approval Date | 10/2015, 10/2016, 10/2017, 3/2018, 6/2018, 2/2019, 3/2020, 7/2020, 9/2020, 10/2020, 2/2021, 7/2021, 2/2022, 3/2023, 3/2024 |
| Effective Date | 6/1/2024 |

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 OneTouch or Contour Next 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^{a,b}:

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 with a EROS/Classic Personal Diabetes Manager (PDM)

(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 2 or Freestyle Libre 14 Day Reader 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 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 Flex Meter (OneTouch Verio Test Strips)
 - f. OneTouch Verio Reflect Meter (OneTouch Verio Test Strips)
 - g. Contour Next Meter (Contour Next Test Strips)
 - h. Contour Next One Meter (Contour Next Test Strips)
 - i. Contour Next EZ Meter (Contour Next Test Strips)

Authorization will be issued for 12 months.

B. Other Test Strips and Meters (excluding Accu-Chek Guide, Accu-Chek Guide Me, OneTouch and Contour Next*) 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 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 Flex Meter (OneTouch Verio Test Strips)
 - f. OneTouch Verio Reflect Meter (OneTouch Verio Test Strips)
 - g. Contour Next Meter (Contour Next Test Strips)
 - h. Contour Next One Meter (Contour Next Test Strips)
 - i. Contour Next EZ Meter (Contour Next Test Strips)

Authorization will be issued for 12 months.



^a 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.

^b In Florida, Maine, Tennessee, and Texas only, diabetes medications may be approved based on both of the following: 1) Provider attests use of this product is medically necessary; and- 2) If applicable, clinical characteristics exist that preclude the use of the covered preferred alternative(s) and use of the covered preferred alternative(s) could result in worsening of patient’s condition or inadequate treatment (document alternatives and clinical information related to worsening/inadequate treatment).

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limitations may be in place.

*Accu-Chek Guide Meter, Accu-Chek Guide Me Meter, Accu-Chek Guide test strips, Contour Next test strips, Contour Next Meter, Contour Next One Meter, and Contour Next EZ Meter are covered without prior authorization/non-formulary review.

**Typically excluded from coverage.

4. References:

1. American Diabetes Association. Standard of Medical Care in Diabetes - 2024. Diabetes Care 2024;47 (Supplement 1).

| Program | Prior Authorization/Non-Formulary- Diabetic Meters and Test Strips |
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| Change Control | |
| 10/2015 | New Program |
| 10/2016 | Annual review with administrative changes |
| 10/2017 | Annual review. State mandate reference language updated. Reference 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. |
| 2/2019 | Added criteria to allow coverage for Contour Next Link meters and test strips for MiniMed insulin pump utilizers. Added criteria for other test strips and meters which are typically excluded. |
| 3/2020 | Annual review. Updated references. |
| 7/2020 | Updated to allow Accu-Chek Guide test strips for Medtronic 780G insulin pump users. |
| 9/2020 | Add Oxford effective date, Oxford specific criteria retiring. |
| 10/2020 | Removed Accu-Chek from the criteria. Accu-Chek test strips and meters will be covered without criteria. Added Contour Next products as a step one option. |
| 2/2021 | Removed Lifescan from description of step one products since the step one products include both Lifescan OneTouch and Contour Next |



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| | products. |
| 7/2021 | Updated OneTouch products to add Verio Flex and Verio Reflect, and remove Verio Sync. |
| 2/2022 | Added Florida, Maine, Tennessee and Texas mandate language. |
| 3/2023 | Removed products which are no longer available from product examples by manufacturer: Breeze 2, Contour Next USB, Accu-Chek Aviva Expert, Accu-Chek Compact Plus, Accu-Chek Nano. Removed criteria for MiniMed pump since these work with covered test strips. Removed Accu-Chek Combo Insulin Pump from criteria for Roche products since it is no longer available. |
| 3/2024 | Annual review. Updated references. |