

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL

Prior Authorization applies to noncovered products

Non-covered diabetes testing supplies will be approved when ALL of the following criteria are met:

1. One of the following:
 - a. The patient has diabetes
OR
 - b. The patient has prediabetes
OR
 - c. The patient has gestational diabetes
OR
 - d. The patient is being treated with a concomitant drug that may affect blood sugar levels
- AND**
2. The prescriber has provided documentation indicating the patient has failed or has limitations precluding the use of the covered* diabetes testing supply product

Length of approval: 12 months

***Covered diabetes testing supplies include FreeStyle and OneTouch**