



Glucose Test Strips and Meters Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date
07-01-2024

Date of Origin
05-01-2020

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

OBJECTIVE

The intent of the Glucose Test Strips Quantity Limit program is to determine appropriate prescribing quantities as recommended by Food and Drug Administration (FDA) approved product labeling or as otherwise clinically appropriate. For individuals on insulin therapy, this quantity limit will allow 3-4 times a day testing with meals plus 1-2 additional testing to accommodate for snacks. For individuals not on insulin therapy, the quantity limit will allow for 3 times a day testing. Allowing for 102 test/30 days or 204 tests/30 days accommodates for not only the 50-100 packs, but also the 51 & 102 that is used for some drums.

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Smart QL									
Glucose Blood Test Strip	Glucose Blood Test Strip		102	Strips	30	DAYS	Quantity limit is without insulin use in the past 90 days	Quantity limit with insulin use in the past 90 days: 204 test strips/30 days (MDD = 6.8000)	
Pogo automatic test cartr	Glucose Blood Test Automatic Cartridge		100	Strips	30	DAYS	Quantity limit is without insulin use in the past 90 days	Quantity limit with insulin use in the past 90 days: 200 test strips/30 days (or 20 cartridges, MDD = 6.6667)	
Relion all-in-one compact	*Blood Glucose Meter Disposable Device with Test Strips***		2	Systems	30	DAYS	Quantity limit is without insulin use in the past 90 days	Quantity limit with insulin use in the past 90 days: 4 systems/30 days (MDD = 0.1334)	

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
Smart QL							
94100030006100	Glucose Blood Test Strip	Glucose Blood Test Strip		Quantity limit is without insulin use in the past 90 days			
94100030006020	Pogo automatic test cartr	Glucose Blood Test Automatic Cartridge		Quantity limit is without insulin use in the past 90 days			
97202011006200	Relion all-in-one compact	*Blood Glucose Meter Disposable Device with Test Strips***		Quantity limit is without insulin use in the past 90 days			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Glucose Blood Test Strip	Glucose Blood Test Strip		Medicaid
Pogo automatic test cartr	Glucose Blood Test Automatic Cartridge		Medicaid
Relion all-in-one compact	*Blood Glucose Meter Disposable Device with Test Strips***		Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
Smart QL	<p>Quantities above the program quantity limit for the Target Agent(s) WITHOUT insulin use in the past 90 days will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The patient is currently on insulin therapy OR 2. There is support indicating the need for additional blood glucose testing <p>Quantities above the program quantity limit for the Target Agent(s) WITH insulin use in the past 90 days will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. There is support indicating the need for additional blood glucose testing <p>Length of Approval: up to 12 months</p>