



## Medicare Non-Preferred Diabetic Testing Supplies Step Criteria

### Target Agents

All non-preferred diabetic testing supplies (continuous glucose monitors are not included)

### Prior Authorization Criteria for Approval

Non-preferred diabetic testing supply will be approved when ALL of the following is met:

1. The patient must meet Medicare's Local Coverage Determination (LCD) L33822 – Glucose Monitors  
AND
2. One of the following:
  - a. The prescriber has indicated that patient has failed or has limitations to ALL of the preferred diabetic testing supply products  
OR
  - b. The prescriber has provided clinical rationale for the medical necessity of the requested diabetic testing supply products (such as a severe visual impairment or impairment of manual dexterity) indicating that the patient cannot try & fail the preferred diabetic testing supply products.

Length of Approval: 12 months

### References

Local Coverage Determination (LCD) L33822 – Glucose Monitors