



**Diabetic Testing Supplies
Freestyle Neo
Effective 07/01/2021**

| | | | |
|------------------------------|--|---------------------|--|
| Plan | <input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MH UPPL <input type="checkbox"/> Commercial/Exchange | Program Type | <input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy |
| Benefit | <input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX) | | |
| Specialty Limitations | N/A | | |
| Contact Information | Specialty Medications | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | Non-Specialty Medications | | |
| | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
| | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
| | Exchange | Phone: 855-582-2022 | Fax: 855-245-2134 |
| | Medical Specialty Medications (NLX) | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| Exceptions | N/A | | |

Overview

Diabetic testing supplies are indicated for use in Type 1 or Type 2 Diabetes Mellitus and gestational diabetes.

| No PA | Products that require PA |
|---|--------------------------|
| Freestyle® ≤100 units/month Freestyle InsuLinx® ≤100 units/month Freestyle Lite® ≤100 units/month Precision Xtra® ≤100 units/month | Freestyle Neo® |

For all other brands not listed on this document please see the Non-Formulary Diabetic Testing Supplies criteria

Freestyle®, Freestyle InsuLinx®, Freestyle Lite®

- 99073-0120-50
- 99073-0121-01
- 99073-0124-50
- 99073-0124-01
- 99073-0708-22
- 99073-0708-27
- 99073-0708-19
- 99073-0712-27
- 99073-0712-30
- 99073-0712-31

Precision Xtra®

- 57599-9728-04
- 57599-9877-05
- 57599-9838-04
- 57599-9878-05

Freestyle Neo®

- 57599-1577-01
- 57599-1579-04
- 93815-0715-77
- 93815-0715-79

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The following Freestyle® and Precision Xtra® NDCs are not included in rebate agreement and therefore will usually reject at the pharmacy level for prior authorization. All other brands are not included in the rebate agreement and therefore will usually reject at the pharmacy level for prior authorization.

**Freestyle®, Freestyle InsuLinx®,
Freestyle Neo®, Freestyle Lite®**
99073-0707-92
99073-0710-26
99073-0712-29

Precision Xtra®
57599-9694-05
57599-9695-04
93815-0998-77
93815-0998-78
93815-0998-38
93815-0997-28
93815-0996-94
93815-0996-95

Coverage Guidelines

Approval of a Freestyle Neo monitor may be granted for members who meet the following criteria and documentation is submitted:

- 1. The provider documents that member is using Freestyle Neo with a compatible continuous glucose monitoring device (i.e., Freestyle Libre 2®, Freestyle Libre 14 Day®)
- 2. Quantity requested is ≤100 units per month

Continuation of Therapy

Reauthorization may be granted with documentation that member needs continued medical necessity for the non-preferred testing supply.

Limitations

- 1. Initial approvals and reauthorizations will be approved for 12 months.
- 2. The following quantity limits apply:

| | |
|--------------------|---------------------|
| Freestyle | 100 units per month |
| Freestyle InsuLinx | 100 units per month |
| Freestyle Lite | 100 units per month |
| Precision Xtra | 100 units per month |
| Freestyle Neo | 100 units per month |

References

N/A

Review History

05/19/2021 – Created and Reviewed for May P&T to be in compliance with MH UPPL for 7/1/2021. Effective 07/01/2021.

Disclaimer

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