Benefit Limit Criteria

Prior Authorization Criteria Question Set
1. Is the amount requested greater than the program benefit limit?
   If yes, continue to 2. If no, approve.

2. Has the prescriber submitted documentation in support of therapy with a higher amount for the intended diagnosis?
   If yes, pharmacist must review and approve based on review of information provided. If no, deny.

Length of Approval: Approval length shall be determined based upon the prescriber's anticipated course of therapy, unless there is a superseding limitation to the duration in the source used to determine reasonable and necessary.

Program		Target Drug **Note: Benefit limits apply to all available MultiSource Code (MSC) products**	Dosage/Strength	GPIs	Brand and/or Generic Availability B - Brand G - Generic BG - Brand and Generic DC - Discontinued	System Setup Benefit Limit (Units / Day or as noted)	Member Friendly Benefit Limit (Units / Day or as noted)
Diabetic Testing Supplies	**AR0225**	Blood Glucose Test Strips	Blood Glucose Test Strips	94100030006100	B	102/30 days	102/30 days
		Blood Glucose Test Cartridges	Blood Glucose Test Cartridges	94100030006020	B	102/30 days	102/30 days