Pennsylvania
Department of Human Services

# Medical Assistance BULLETIN

| ISSUE DATE | EFFECTIVE DATE | NUMBER |
|---|---|---|
| November 19, 2026 | January 4, 2027 | *See below |

**SUBJECT**

Prior Authorization of Blood Glucose Meters, Test Strips, and Lancets (formerly Blood Glucose Meters and Test Strips) – Pharmacy Services

**BY**

Sally Kozak
Deputy Secretary
Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents

## PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Blood Glucose Meters, Test Strips, and Lancets submitted for prior authorization.

## SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Blood Glucose Meters, Test Strips, and Lancets will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Blood Glucose Meters, Test Strips, and Lancets to the appropriate managed care organization.

## BACKGROUND:

The Department of Human Services' (Department) Pharmacy and Therapeutics (P&T) Committee reviews published peer-reviewed medical literature and recommends the following:

| | | | |
|---|---|---|---|
| *01-27-07 | 09-27-07 | 27-27-07 | 33-27-07 |
| 02-27-07 | 11-27-07 | 30-27-07 | |
| 03-27-07 | 14-27-07 | 31-27-07 | |
| 08-27-07 | 24-27-07 | 32-27-07 | |

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/agencies/dhs/departments-offices/omap-info

- Preferred or non-preferred status for new drugs and products in therapeutic classes already included on the Statewide Preferred Drug List (PDL).
- Changes to the statuses of drugs and products on the Statewide PDL from preferred to non-preferred and non-preferred to preferred.
- Therapeutic classes of drugs and products to be added to or deleted from the Statewide PDL.
- New quantity limits.
- New guidelines or revisions to existing guidelines to evaluate the medical necessity of prescriptions submitted for prior authorization.

**DISCUSSION:**

During the September 23, 2026, meeting, the P&T Committee recommended the following revisions to the guidelines to determine medical necessity of Blood Glucose Meters, Test Strips, and Lancets:

- Revision of the title of the Blood Glucose Meters and Test Strips Statewide PDL therapeutic class to Blood Glucose Meters, Test Strips, and Lancets.
- Addition of a requirement for prior authorization of and corresponding medical necessity guidelines for non-preferred lancets.
- Revision of the guidelines to remove standard trial and failure language and instead ask for a documented clinical reason why the preferred Blood Glucose Meters, Test Strips, and Lancets cannot be utilized.

The revisions to the guidelines to determine medical necessity of prescriptions for Blood Glucose Meters, Test Strips, and Lancets submitted for prior authorization, as recommended by the P&T Committee, were subject to public review and comment and subsequently approved for implementation by the Department.

**PROCEDURE:**

The procedures for prescribers to request prior authorization of Blood Glucose Meters, Test Strips, and Lancets are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Blood Glucose Meters, Test Strips, and Lancets) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs and products that require prior authorization.

**ATTACHMENTS:**

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

**RESOURCES:**

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
https://www.pa.gov/agencies/dhs/resources/pharmacy-services/clinical-guidelines

## I. Requirements for Prior Authorization of Blood Glucose Meters, Test Strips, and Lancets (formerly Blood Glucose Meters and Test Strips)

### A. Prescriptions That Require Prior Authorization

Prescriptions for Blood Glucose Meters (glucometers), Test Strips, and Lancets that meet any of the following conditions must be prior authorized:

1. A non-preferred blood glucose meter, test strip, or lancet. See the Preferred Drug List (PDL) for the list of preferred Blood Glucose Meters, Test Strips, and Lancets at https://papdl.com/preferred-drug-list.

2. A blood glucose meter, test strip, or lancet with a prescribed quantity that exceeds the quantity limit. The list of drugs and products that are subject to quantity limits, with accompanying quantity limits, is available at: https://www.pa.gov/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.

### B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a blood glucose meter, test strip, or lancet, the determination of whether the requested product is medically necessary will take into account whether the beneficiary:

1. For a non-preferred blood glucose meter, test strip, or lancet, has a documented clinical reason why the preferred Blood Glucose Meters, Test Strips, and Lancets cannot be utilized **AND**

2. If a prescription for a blood glucose meter, test strip, or lancet is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

   NOTE: If the beneficiary does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

### C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a blood glucose meter, test strip, or lancet. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.