



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Diabetic Testing Supplies	Page:	1 of 2
Effective Date:	12/03/2018	Last Review Date:	08/2018
Applies to:	<input type="checkbox"/> California	<input type="checkbox"/> Florida	<input type="checkbox"/> Kentucky
	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Diabetic Testing Supplies under the member’s prescription drug benefit.

Description:

Diabetic Testing Supplies are used for testing blood glucose.

Preferred/Non-Preferred Drugs

Preferred	Non-Preferred
One Touch Products	Other Diabetic Testing Products

Policy/Guideline:

Diabetic Test Strip and Glucometer Quantity Limits:

- All diabetic test strips are limited to 150 count/30 days
- Glucometers are limited to 1 glucometer/12 months

Criteria to Receive Non-Formulary Diabetic Supplies:

- Member with hematocrit level that is chronically less than 30% or greater than 55%
 - Accu-Chek Aviva Plus and Nano SmartView are accurate for hematocrit (Hct) 10-65%
- Member with physical limitation (manual dexterity or visual impairment) that limits utilization of formulary product
- Member with an insulin pump that requires a specific test strip

Criteria to Receive Greater Than 150 Test Strips Per Month:

- Members newly diagnosed with diabetes or with gestational diabetes
- Children with diabetes less than 18 years
- Members on insulin pump
- Members on high intensity insulin therapy with documentation of need to routinely test more than 4-5 times daily

Criteria to Receive Greater Than One Glucometer Per Year:

- Current glucometer is unsafe, inaccurate, or no longer appropriate based on member’s medical condition
- Current glucometer no longer functions properly, has been damaged, or was lost or stolen.



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Approval Duration:

Prior Authorization Approval	Duration	Quantity Restrictions	Additional Requirements
Initial	1 year		

Box Warning:

N/A

REMS:

N/A

References:

1. One Touch [package insert]. LifeScan, Inc. Milpitas, CA; October 2010. [Accessed April 16, 2018.](#)
2. American Diabetes Association. Glycemic Targets: Standards of Medical Care in Diabetes – 2018. Diabetes Care. 2018 Jan; 41(Supplement 1): S55-S64. <https://doi.org/10.2337/dc18-S006>.