

|                                                   |                                                                                                                                                         |                                                                                                                                  |                                                                                                                                            |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| AETNA BETTER HEALTH®<br>Coverage Policy/Guideline |                                                                                                                                                         |                                               |                                                                                                                                            |
| Name:                                             | Diabetic Test Strips Quantity Limit                                                                                                                     | Page:                                                                                                                            | 1 of 1                                                                                                                                     |
| Effective Date:                                   | 4/27/2026                                                                                                                                               | Last Review Date:                                                                                                                | 4/2026                                                                                                                                     |
| Applies to:                                       | <input checked="" type="checkbox"/> Illinois<br><input checked="" type="checkbox"/> New Jersey<br><input checked="" type="checkbox"/> Pennsylvania Kids | <input type="checkbox"/> Florida<br><input checked="" type="checkbox"/> Maryland<br><input checked="" type="checkbox"/> Virginia | <input checked="" type="checkbox"/> Florida Kids<br><input checked="" type="checkbox"/> Michigan<br><input type="checkbox"/> Kentucky PRMD |

#### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for exceeding the quantity limit of 150 diabetic test strips per 30 days under the patient's prescription drug benefit.

#### Description:

If the patient is requesting more than the initial quantity limit the claim will reject with a message indicating that a prior authorization is required. The initial limit will approve up to 150 diabetic test strips per month.

#### Applicable Drug List:

Test Strips (All Products)

#### Policy/Guideline:

**The requested product will be covered with prior authorization when the following criteria are met:**

The patient is on an intensive insulin regimen (multiple-dose insulin or insulin pump therapy)

#### Approval Duration and Quantity Restrictions:

**Approval:** 12 months

**Quantity Level Limit:** 150 test strips per 30 days

#### References:

1. American Diabetes Association Professional Practice Committee 7. Diabetes Technology: Standards of Care in Diabetes - 2026. Diabetes Care 2026;49(Suppl. 1):S150-S165.
2. Weinstock RS, Aleppo G, Bailey TS, et al. The Role of Blood Glucose Monitoring in Diabetes Management. Arlington (VA): American Diabetes Association; October 2020.