

# Aetna Better Health<sup>®</sup> of Texas

## Pharmacy Prior Authorization - Non-Preferred Diabetic Supplies

### Prior Authorization Guidelines:

Requests for Non-preferred diabetic supplies will be reviewed based on the following:

- Prescriber is not an advanced practice registered nurse (ARNP) or physician assistant (PA)
- Appropriate diagnosis/indication for requested product
- Member meets one of the following:
  - Documented trial of preferred products has not been effective or tolerated
  - Member has a documented contraindication or allergy to using preferred products
  - The quantity requested does not exceed the limits as stated below:

Product	Quantity Limit	Quantity Guidelines
Insulin Syringes (1 cc or less)	100	A person must use 75% of the product before refills are allowed.
Insulin Needles	100	A person must use 75% of the product before refills are allowed.
Blood Glucose Strips (for monitor)	100	Maximum: 100 units every calendar month. Limited to a 30-day supply. A person must use 100% of the product before refills are allowed. (Max. 5 refills)
Blood Glucose Test Strips with Disposable Monitor	100	Maximum: 100 units every calendar month. Limited to a 30-day supply. A person must use 100% of the product before refills are allowed. (Max. 5 refills)
Blood Glucose Monitor (Talking)	1	Maximum: 1 unit per three rolling years. Only available for people with visual impairment.
Lancets	100/34 days	Maximum: 100 units every calendar month. Limited to a 30-day supply. A person must use 100% of the product before refills are allowed.

Initial Approval:

- 3 months

Renewal:

- 1 year

References:

1. Texas Vendor Drug Program (2021). *Pharmacy provider procedure manual, Home Health Supplies*. <https://www.txvendordrug.com/about/manuals/pharmacy-provider-procedure-manual/home-health-supplies/1-home-health-supplies>  
Accessed 5/28/2021.