AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Diabetic Test Strips Quantity Limit	Page:	1 of 3
Effective Date:	9/16/2024	Last Review Date:	8/7/2024

Applies to:	☒Illinois	☒Florida	☒Virginia
	☒New Jersey	☒Maryland	☒Michigan
	☒Pennsylvania Kids	☒Florida Kids	☐Mercy Care

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.

According to the American Diabetes Association (ADA) Standards of Medical Care in Diabetes—2023, blood glucose monitoring (BGM) is an integral component of effective therapy of patients taking insulin. Glucose monitoring allows patients to evaluate their individual response to therapy and assess whether glycemic targets are being achieved. Integrating results into diabetes management can be a useful tool for guiding medical nutrition therapy and physical activity, preventing hypoglycemia, and adjusting medications (particularly prandial insulin doses). Among patients with type 1 diabetes, there is a correlation between greater BGM frequency and lower hemoglobin A1c (A1C).

Most patients using intensive insulin regimens (multiple-dose insulin or insulin pump therapy) should be encouraged to assess glucose levels using BGM prior to meals and snacks, at bedtime, occasionally postprandially, prior to exercise, when they suspect low blood glucose, after treating low blood glucose until they are normoglycemic, and prior to critical tasks such as driving. For many patients, this will require testing 6 to 10 times daily, although individual needs may vary. The patient's specific needs and goals should dictate BGM frequency and timing. A database study of almost 27,000 children and adolescents with type 1 diabetes showed that, after adjustment for multiple confounders, increased daily frequency of BGM was significantly associated with lower A1C (-0.2% per additional test per day) and with fewer acute complications.

The evidence is insufficient regarding when to prescribe BGM and how often monitoring is needed for insulin-treated patients who do not use intensive insulin regimens, such as those with type 2 diabetes using basal insulin with or without oral agents. However, for patients using basal insulin, assessing fasting glucose with BGM to inform them of dose adjustments to achieve blood glucose targets results in lower A1C. In people with type 2 diabetes not using insulin, routine glucose monitoring may be of limited additional clinical benefit. By

itself, even when combined with education, it has showed limited improvement in outcomes. However, for some individuals, glucose monitoring can provide insight into the impact of diet, physical activity, and medication management on glucose levels. Glucose monitoring may also be useful in assessing hypoglycemia, glucose levels during intercurrent illness, or discrepancies between measured A1C and glucose levels when there is concern an A1C result may not be reliable in specific individuals. Meta-analyses have suggested that SMBG can reduce A1C by 0.25%-0.3% at 6 months, but the effect was attenuated at 12 months in one analysis. A key consideration is that performing BGM alone does not lower blood glucose levels. To be useful, the information must be integrated into clinical and self-management plans.

According to a publication by American Diabetes Association titled 'The Role of Blood Glucose Monitoring in Diabetes Management', it is recommended , at a minimum, that patients with type 1 diabetes who are not using continuous glucose monitoring (CGM) perform BGM 4 times/day (before meals and at bedtime). It is essential, however, to recognize the need for each person based on the presence of complications and variability in daily life. In people with type 2 diabetes who are meeting or near their A1C targets when using medications that do not cause hypoglycemia, BGM is generally not recommended. It is still reasonable to encourage people with type 2 diabetes who are experiencing hypoglycemia or severe hyperglycemia, using therapies within the sulfonylurea and meglitinide classes, acutely ill, using steroids, or far from meeting their glycemic targets to perform BGM, generally 0-3 times per day, until optimal glycemic management has been attained. For patients with type 2 diabetes who require basal insulin, BGM is recommended during basal dose titration and at any time when hypoglycemia is a concern. Because newer basal insulin formulations lead to less glucose variability, the frequency of BGM may be reduced when a stable dose of basal insulin has been determined. However, people using basal insulin should always have a meter and glucose strips available given the potential for hypoglycemia. For most patients with type 2 diabetes using a basal-bolus regimen, BGM should occur at least 4 times per day, similar to people with type 1 diabetes.

Initial quantities are limited to 150 test strips per month to allow for patients that require blood glucose testing up to 5 times per day. Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

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 - 2024. Diabetes Care 2024;47(Suppl. 1):S126-S144.
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.