Aetna Oregon State Maternal Diabetes Co-pay Exception Coverage Policy (Non-Medicare Prescription Drug Plan)

PURPOSE:
The purpose of this policy is to define criteria to meet Oregon’s state law to cover diabetic medications and supplies that are medically necessary for a woman to manage her diabetes during conception and through six weeks postpartum.

BACKGROUND:
Oregon’s existing law states that a health benefit plan may not require a copayment or impose a coinsurance requirement or deductible on the covered health services, medications and supplies that are medically necessary for a woman to manage her diabetes during conception through six weeks postpartum. This bill clarifies the above by stating that this requirement applies during the period of each pregnancy, beginning with conception and ending six weeks postpartum.

This bill also adds that:

1. The above requirement does not apply to a high deductible health plan;
2. The coverage required above may be limited by network and formulary restrictions that apply to other benefits under the plan. In addition, the requirements do not apply to services, medications, test strips and syringes that are not covered due to the network or formulary restrictions;

An insurer may require an enrollee or the enrollee’s health care provider to notify the insurer orally, in a timely manner, that the enrollee is diabetic and is pregnant or has given birth and is within six weeks postpartum.

Policy:
Aetna will cover diabetic medications and supplies (see Appendix A) at zero member cost share to meet the states of precedent mandate, upon request from the member, when the patient meets the following criteria:

1. The patient lives in Oregon or patient’s contract state is Oregon (Members residing in AZ, LA, ME, MS, OK, RI, TX, WA are exempt and ineligible for the override due to the State of Precedence rules for these states), AND
2. The patient is pregnant or up to 6 weeks post-partum with gestational diabetes.

AUTHORIZATION PERIOD AND LIMITATIONS:
Authorization Period: 12 months

Special Notes:
Note: In accordance with the state of Oregon mandate, claims for diabetic supplies and/or medications that meet the above medical exception criteria are eligible to some patients at zero copay. Member’s contract or resident state must be Oregon. In accordance with the State of Precedence rules, claims for members residing in AZ, LA, ME, MS, OK, RI, TX, WA are NOT eligible for an override.

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REFERENCES:

1. Aetna Pharmacy Clinical Policy Bulletins December 2013

Appendix A: – List of Diabetic Medications and Supplies:

- Diabetic drugs- all orals
- Diabetic drugs- inj- Insulin
- Diabetic drugs- inj- Amylin Analogs- Symlin
- Diabetic drugs- inj- Incretin Mimetics- Byetta
- Diabetic supplies- alcohol swabs
- Diabetic supplies- blood glucose calibration liquid
- Diabetic supplies- blood glucose test strips
- Diabetic supplies- blood ketone test strips
- Diabetic supplies- injection devices
- Diabetic supplies- insulin syringe w/needle
- Diabetic supplies- lancet devices
- Diabetic supplies- lancet kits
- Diabetic supplies- lancets
- Diabetic supplies- needles
- Diabetic supplies- urine acetone test strips
- Diabetic supplies- urine albumin test strips
- Diabetic supplies- urine glucose test strips
- Diabetic supplies- urine multi test strips

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