

Aetna Better Health® of Oklahoma SoonerSelect: Durable Medical Equipment (DME) coverage

Date: August XX, 2025

To: Aetna Better Health® of Oklahoma
provider partners

From: Aetna Better Health

Dear Provider Partners,

The following information provides guidance on which products are covered under the DME/Medical Benefit vs the pharmacy benefit.

This provider update has been sent to:

Provider type(s) -

- ☒ IPA/Medical groups
- ☒ Primary care providers
- ☒ Specialist providers
- ☒ Hospitals
- ☒ Ancillary
- ☒ SNF
- ☐ DME
- ☐ Home health
- ☐ Other

Line of business:

- ☒ SoonerSelect

Connect with the provider experience team

Toll Free: **1-844-365-4385**

ABHOKProviderEngagement@aetna.com

Members can earn up to **\$5,155** in extra benefits a year!



Over-the-counter (OTC) supplies

\$25 per month for OTC health products



Asthma Home Care

Up to \$250 for bedding, deep carpet cleaning, pest control services, air purifiers and air filters



Diabetes care program

Earn \$15 for completing a kidney screening

Earn \$50 per month for healthy food

Earn \$15 for completing a diabetic retinal eye exam

Earn \$15 for completing an A1C test



Pregnancy

Earn \$ for prenatal visits and more!

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from Aetna. There are numerous ways you may opt-out: The recipient may call toll-free 877-265-2711 and/or fax the opt-out request to 1-888-263-9488, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@aetna.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Aetna to send facsimile advertisements to such person/entity at that particular number. Aetna is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, such as prior authorization requests and notices.

Categories	Products covered under the pharmacy benefit*	Products covered under DME/Medical Benefit
Diabetes-related**	Glucometer and diabetic testing supplies (test strips, lancets, syringes)	Insulin pumps
	Preferred Continuous Glucose Monitors (CGMs)	
	Insulin pen needles	
Respiratory	Aerochambers/spacers	Nebulizer device
	Nebulizer solution (e.g., albuterol)	
Formula	Phenylketonuria (PKU) formulas	Nutritional therapies outside of Phenylketonuria (PKU) products
Other		Intrauterine device (IUD)/Nexplanon
		DME supplies that are not captured in “products covered under the pharmacy benefit” list should be billed as DME/Medical

*Please refer to the Plan’s Preferred Drug List (PDL) for the list of covered products. Please note, products may be subject to Prior Authorization (PA), Quantity Limit (QL) and/or other utilization management edits. [AetnaBetterHealth.com/oklahoma/pharmacy-prescription-drug-benefits.html](https://www.aetna.com/oklahoma/pharmacy-prescription-drug-benefits.html)

**For questions on diabetic testing supply coverage, please refer to the summary on “diabetic testing supplies”: [Oklahoma.gov/ohca/providers/types/pharmacy/diabetic-supplies-for-pharmacy.html](https://www.oklahoma.gov/ohca/providers/types/pharmacy/diabetic-supplies-for-pharmacy.html)

For additional questions on coverage, please reach out to our Provider Engagement team:
ABHOKProviderEngagement@aetna.com