

July 2024

Durable Medical Equipment Products

Healthy Blue members receiving non-preferred durable medical equipment (DME) medication products may experience a pharmacy claim rejection. Please consider prescribing preferred products whenever possible. This will help avoid additional steps or delays at the pharmacy. *Clinical Criteria* may need to be met for certain preferred products. Coverage should be verified by reviewing the *Preferred Drug List* on the Healthy Blue provider website: provider.healthybluenc.com. The *Preferred Drug List* is subject to change quarterly and at the discretion of the North Carolina Department of Health and Human Services.

Therapeutic class	Covered products	NDC	Quantity limit ²
Disposable insulin delivery devices	Omnipod Dash 5 pack	08508200005	N/A
	Omnipod 5 G6 Pods (Gen 5) 5 pack	08508300021	N/A
	Omnipod 5 G7 Pods (Gen 5) 5 pack	08508300053	N/A
	Omnipod 5 G6 intro kit (Gen 5)	08508300001	1 per year
	Omnipod 5 G7 intro kit (Gen 5)	08508300050	1 per year
	Omnipod Dash intro kit (Gen 4)	08508200032	1 per year
	Omnipod GO 10 units/day	08508400010	N/A
	Omnipod GO 15 units/day	08508400015	N/A
	Omnipod GO 20 units/day	08508400020	N/A
	Omnipod GO 25 units/day	08508400025	N/A
	Omnipod GO 30 units/day	08508400030	N/A
	Omnipod GO 35 units/day	08508400035	N/A
	Omnipod GO 40 units/day	08508400040	N/A
Continuous blood glucose system sensors ¹	Dexcom G6 sensor	08627005303	1 (3 units) per month
	Dexcom G7 sensor	08627007701	1 (3 units) per month
	Freestyle Libre 2 system sensor kit	57599080000	2 per month
	Freestyle Libre 3 system sensor kit	57599081800	2 per month
	Freestyle Libre 14 Day sensor 1-kit ³	57599000101	2 per month
Continuous blood glucose system transmitters/ receivers/ readers ¹	Dexcom G6 transmitter	08627001601	1 per 90 days
	Dexcom G6 receiver	08627009111	1 per year
	Dexcom G7 receiver	08627007801	1 per year
	Freestyle Libre 2 system reader	57599080300	1 per year
	Freestyle Libre 3 system reader	57599082000	1 per year
	Freestyle Libre 14 Day reader ³	57599000200	1 per year
Footnotes:			
¹ Prior authorization is required for continuous glucose monitoring system products.			
² Quantities over this limit are not covered under the pharmacy benefit.			
³ Product is non-preferred; trial and failure of two preferred products is required.			

If you have questions regarding this *communication*, call Healthy Blue Provider Services at **844-594-5072**.

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NCHB-CD-063067-24 July 2024