

May 2024

Hot Tip: 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 G6 intro kit (Gen 5)	08508300001	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 *Hot Tip*, call Healthy Blue Provider Services at **844-594-5072**.

<https://provider.healthybluenc.com>

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