

August 2023

## Hot Tip: Durable Medical Equipment Products

Healthy Blue members receiving non-preferred durable medical equipment (DME) medication products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. *Clinical Criteria* may need to be met for certain preferred products. Verify coverage by reviewing the *Preferred Drug List* on the Healthy Blue website at <a href="https://healthybluenc.com/north-carolina">https://healthybluenc.com/north-carolina</a> > Benefits > Pharmacy and Prescription Drugs. The *Preferred Drug List* is subject to change biannually and at the Department's discretion.

Therapeutic class	Non- preferred products	Preferred products	Preferred product NDC	Preferred product quantity limit <sup>2</sup>
Disposable		Omnipod Dash 5 pack	08508200005	N/A
insulin		Omnipod 5 G6 Pods (Gen	08508300021	N/A
delivery		5) 5 pack		
devices		Omnipod 5 G6 intro kit (Gen	08508300001	1 per year
		5)		
		Omnipod Dash intro kit	08508200032	1 per year
		(Gen 4)		
Continuous	Freestyle	Dexcom G6 sensor	08627005303	1 (3 units) per month
blood glucose	Libre 14-day	Dexcom G7 sensor	08627007701	1 (3 units) per month
system	sensor 1-kit	Freestyle Libre 2 system	57599080000	2 per month
sensors <sup>1</sup>		sensor 1-kit		
Continuous	Freestyle	Dexcom G6 transmitter	08627001601	1 per 90 days
blood glucose	Libre 14-	Dexcom G6 receiver	08627009111	1 per year
system	dayreader	Dexcom G7 receiver	08627007801	1 per year
transmitters/		Freestyle Libre 2 system	57599080300	1 per year
receivers/		reader		
readers <sup>1</sup>				

## Footnotes:

If you have questions regarding this *Hot Tip*, 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-032507-23 August 2023

<sup>&</sup>lt;sup>1</sup> Prior authorization is required for continuous glucose monitoring system products.

<sup>&</sup>lt;sup>2</sup> Quantities over this limit are not covered under the pharmacy benefit.