



New pharmacy benefit for diabetic supplies at CareOregon Medicaid (OHP)

Effective June 1, 2022, CareOregon allows members to get diabetic supplies such as alcohol wipes, insulin syringes/needles, and pen needles at pharmacies, in addition to DME vendors.

Testing supplies will also be available, with some restrictions. CareOregon's pharmacy benefit will exclusively cover OneTouch manufacturer products. When used within quantity limits, these products do not require prior authorization. The FreeStyle Libre 2 will be our covered continuous glucose monitor (CGM), and it requires clinical prior authorization.

Important note: DME vendor access remains the same. Pharmacy use is not required.

Q: My patient is using test strips and/or CGM from another manufacturer. Will they be allowed to continue on that product instead of OneTouch (or FreeStyle Libre 2 CGM)?

A: No. If members want to fill as a prescription at the pharmacy, they must convert to the covered products. Members may keep using their chosen product only by staying with their DME supplier.

Q: Is my patient required to change to the pharmacy benefit?

A: No. In fact, we recommend you discuss conversions to the pharmacy benefit with patients to make sure they are already on a covered product OR are willing to switch to a covered product.

Q: If my patient is willing to switch, can they get a new meter?

A: Yes, the benefit will allow them to get a new OneTouch meter.

Q: If my patient already has an authorization on file for DME (such as for CGM, or quantity limit exceptions), will that automatically convert over?

A: No. At this time, all quantity limit requests and CGM requests will need to go through another PA process with our pharmacy team.

Q: How does my patient make the switch from DME to pharmacy benefit?

A: You would send their prescription for diabetes supplies and equipment to their pharmacy. Even if they choose to keep DME, having a prescription on file gives patients the option to get covered items at a pharmacy when needed.

Q: If my patient is on FreeStyle Libre 2 CGM, can they get FreeStyle test strips to use with it?

A: No, the member must use OneTouch meters/strips as their back-up if clinically necessary. Note: CMS does not routinely cover members to be on both products. Concurrent use should occur only in extremely limited scenarios and without routine refills.

Q: Can I request an exception for a non-covered product?

A: Such requests are discouraged. If an alternative to the covered product is needed, please advise your patient to use a DME vendor.

Q: Does this new pharmacy benefit include insulin pumps and tubing?

A: No. Insulin pumps and their tubing are a DME-only benefit. We do not cover any type of insulin pump on the pharmacy benefit.

Q: What are the PA criteria for a continuous glucose monitor?

A: All type I Diabetes Mellitus (DM). OR diagnosed with Diabetes Mellitus Type II and requiring insulin therapy AND is medically complex as defined as ONE of the following:

- a. Highly intensive insulin regimen defined as the following:
 - i. Tests 4 or more times per day AND uses at least 3 insulin injections per day)
 - or*
 - ii. On insulin pump
- b. Hx of hypoglycemia with one of the following:
 - i. Dawn phenomenon
 - ii. Hypoglycemic unawareness
 - iii. Nocturnal hypoglycemia
- c. Pregnant.
- d. Has loss of manual dexterity (such as from dementia, Parkinson's, tremor interfering ADLs, etc).

CareOregon's pharmacy benefit for diabetes supplies and equipment

Product type	Limit (all eligible for 90-day supplies)	Prior approval required?	Covered product
Monitors	1 every 2 years	No	<ul style="list-style-type: none"> • OneTouch Ultra 2 • OneTouch Verio Reflect • OneTouch Verio Flex • OneTouch Starter Kit
Test Strips	150 per month	No	<ul style="list-style-type: none"> • OneTouch Verio • OneTouch Ultra
Calibration Liquid	1 box every 3 months	No	<ul style="list-style-type: none"> • OneTouch Verio Solution • OneTouch Ultra
Lancet Devices	1 every 3 months	No	<ul style="list-style-type: none"> • OneTouch Lancing Device • OneTouch Delica Lancing Device
Lancets	200 per month	No	<ul style="list-style-type: none"> • OneTouch Delica Plus 33G • OneTouch Delica Plus 30G • OneTouch MIS Lancets • OneTouch MIS 30G
Alcohol Prep Pads	1 Box every month	No	<ul style="list-style-type: none"> • Any brand
Insulin Syringes	500 per 3 months	No	<ul style="list-style-type: none"> • Any brand
Pen Needles	200 per month	No, with a paid insulin pen claim	<ul style="list-style-type: none"> • Any brand
CGM Receiver/Reader	1 every 2 years	Yes	<ul style="list-style-type: none"> • FreeStyle Libre 2/Reader/Flash GM System
CGM Sensor	1 every 14 days	Yes	<ul style="list-style-type: none"> • FreeStyle Libre 2/Sensor/Flash GM SYSTEM