



To: AmeriHealth Caritas Florida Providers

Date: September 30, 2024

Subject: Change to Covered Diabetic Supply Products

In accordance with SMMC Policy Transmittal 2024-11, Diabetic Supplies – Pharmacy Services, AmeriHealth Caritas Florida is notifying impacted members as follows:

Starting October 1, 2024, the Agency for Health Care Administration (AHCA) will allow the fill of covered diabetic supplies at the pharmacy. This change will allow Medicaid recipients to get medications and diabetic supplies all at the pharmacy. Covered diabetic supply products are listed in the table below.

Starting January 1, 2025, Medicaid recipients will be required to fill diabetic supplies at the pharmacy. Products not listed below may still be available but will require special permission and help from a doctor to fill. We recommend Medicaid recipients to work with their doctor to receive this special permission starting October 1, 2024.

Covered Diabetic Supply Products			
	Traditional Blood Glucose Meters (BGM)		
Manufacturer	Product Name	Limitation	
LIFESCAN	ONETOUCH ULTRA2 METER		
	ONETOUCH VERIO FLEX METER	1 PER YEAR	
TRIVIDIA	TRUE METRIX AIR GLUCOSE METER		
	TRUE METRIX GLUCOSE METER		
	Blood Glucose Test Strips		
Manufacturer	Product Name	Limitation	
LIFESCAN	ONETOUCH ULTRA TEST STRIP		
	ONETOUCH VERIO TEST STRIP	200 PER MONTH	
TRIVIDIA	TRUE METRIX GLUCOSE TEST STRIP		

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11631 Kew Gardens Avenue, Suite 200, Palm Beach Gardens, FL 33410

	Continuous Blood Glucose Monitors (CGM)	
Manufacturer	Product Name	Limitation
DEXCOM	DEXCOM G6 CGM RECEIVER	1 PER YEAR
DEXCON	DEXCOM G6 SENSOR	3 PER 30 DAYS
	DEXCOM G6 TRANSMITTER	1 PER 90 DAYS
	DEXCOM G7 CGM RECEIVER	1 PER YEAR
	DEXCOM G7 CGW RECEIVER	3 PER 30 DAYS
ABBOTT	FREESTYLE LIBRE 14 DAY READER	1 PER YEAR
ADDOTT	FREESTYLE LIBRE 2 READER	1 PER YEAR
		1 PER YEAR
	FREESTYLE LIBRE 3 READER	
	FREESTYLE LIBRE 14 DAY SENSOR	2 PER 28 DAYS
	FREESTYLE LIBRE 2 SENSOR	2 PER 28 DAYS
	FREESTYLE LIBRE 3 SENSOR	2 PER 28 DAYS
	Insulin Pen Needles	
Manufacturer	Product Name	Limitation
ARKRAY	TECHLITE PEN NEEDLE	
BD DIABETES	ULTRA-FINE MICRO PEN NEEDLE	
	ULTRA-FINE MINI PEN NEEDLE	200 PER MONTH
	ULTRA-FINE NANO PEN NEEDLE	
	ULTRA-FINE ORIGINAL PEN NEEDLE	
	ULTRA-FINE SHORT PEN NEEDLE	
	Insulin Syringes	
Manufacturer	Product Name	Limitation
BD DIABETES	INSULIN SYRINGES	200 PER MONTH
TRIVIDIA	INSULIN SYRINGES	
TRIVIDIA	INSULIN SYRINGES Insulin Pumps/Patches	
TRIVIDIA Manufacturer		Limitation
Manufacturer	Insulin Pumps/Patches	Limitation 10 PER 30 DAYS
	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY	
Manufacturer CEQUR	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5)	10 PER 30 DAYS
Manufacturer CEQUR	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4)	10 PER 30 DAYS 1 PER 5 YEARS
Manufacturer CEQUR	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5)	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS
Manufacturer CEQUR	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4)	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS
Manufacturer CEQUR INSULET	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5)	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS
Manufacturer CEQUR	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS
Manufacturer CEQUR INSULET MANNKIND	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS
Manufacturer CEQUR INSULET MANNKIND Manufacturer	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation
Manufacturer CEQUR INSULET MANNKIND	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS Limitation 30 PER MONTH
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT Manufacturer	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT	Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name ONETOUCH LANCETS	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation 30 PER MONTH Limitation
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT Manufacturer LIFESCAN	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name ONETOUCH LANCETS ONETOUCH DELICA PLUS LANCETS	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS Limitation 30 PER MONTH
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT Manufacturer	Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name ONETOUCH LANCETS	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation 30 PER MONTH Limitation
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT Manufacturer LIFESCAN	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name ONETOUCH LANCETS ONETOUCH DELICA PLUS LANCETS TRUEPLUS LANCETS	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation 30 PER MONTH Limitation
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT Manufacturer LIFESCAN TRIVIDIA	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name ONETOUCH LANCETS ONETOUCH DELICA PLUS LANCETS TRUEPLUS LANCETS Lancing Devices	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation 30 PER MONTH Limitation 200 PER MONTH
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT Manufacturer LIFESCAN TRIVIDIA	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name ONETOUCH LANCETS ONETOUCH DELICA PLUS LANCETS TRUEPLUS LANCETS Lancing Devices Product Name	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation 30 PER MONTH Limitation 200 PER MONTH
Manufacturer CEQUR INSULET MANNKIND Manufacturer ABBOTT Manufacturer LIFESCAN TRIVIDIA	Insulin Pumps/Patches Product Name CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO Ketone Strips Product Name PRECISION XTRA BLOOD KETONE TESTSTRIPS Lancets Product Name ONETOUCH LANCETS ONETOUCH DELICA PLUS LANCETS TRUEPLUS LANCETS Lancing Devices	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS Limitation 30 PER MONTH Limitation 200 PER MONTH

	Miscellaneous	
Manufacturer	Product Name	Limitation
ALL	ALCOHOL SWABS	2 BOXES/MONTH
ALL	CALIBRATION CONTROL SOLUTION	1 PER 6 MONTHS

Please reference the AHCA website for any further information:

https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/pharmacy-policy/diabetic-supply-services.

You may also reference the Diabetic Supply Services Coverage Policy Incorporated by reference in Rule 59G-4.252:

https://ahca.myflorida.com/content/download/24376/file/59G-4.252%20Diabetic%20Supply%20Services%20Coverage%20Policy.pdf.

PerformRx provides pharmacy benefit management services to AmeriHealth Caritas Florida. You may fax prior authorization requests to PerformRx at 1-855-825-2717. For pharmacy questions, call the AmeriHealth Caritas Florida Pharmacy Department at 1-855-371-3963, available 24 hours a day, seven days a week.

If you have questions about this notification, please contact your Account Executive or please call AmeriHealth Caritas Florida Provider Services at **1-800-617-5727**.