



To: AmeriHealth Caritas Florida Providers

Date: July 31, 2024

Subject: Update: Continuous Glucose Monitors and Omnipod 5, Dash Pods and

Omnipod Go Kit Coverage and Quantity Limit

This is an important message for all AmeriHealth Caritas Florida practitioners prescribing Continuous Glucose Monitors and Omnipod 5 Dash Pods, and Omnipod Go Kit for AmeriHealth Caritas Florida members. This is a follow- up to the notice previously distributed on April 14, 2023.

Prior authorization is no longer required for preferred continuous glucose monitors (Sensor, Transmitter, and Reader components) for members with a history of insulin fill within the last 180 days. Practitioners are encouraged to reference the table below and prescribe a preferred Continuous Glucose Monitor.

A list of all covered products under pharmacy as of August 30,2024, including NDCs and Quantity Limits, is provided below for reference.

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

AmeriHealth Caritas Florida members receiving the preferred continuous glucose monitor, Freestyle Libre, and associated supplies, Dexcom G6 and G7, or Omnipod 5, Dash Pods and **Omnipod Go Kit**, will have a \$0.00 copay.

If the member needs to use a non-preferred monitor, please include the reason with your prior authorization submission. You can fax your request to **855-825-2717**.

Preferred Continuous Glucose Monitors and Omnipod Dash Pods supply limits effective 08/30/2024		
Brand Name	NDC	Quantity Limit
FreeStyle Libre 14 Day Sensor	57599000101	2 per 28 days
FreeStyle Libre 14 Day Reader	57599000200	1 per year
FreeStyle Libre 2 Sensor	57599080000	2 per 28 days
FreeStyle Libre 2 Reader	57599080300	1 per year
FreeStyle Libre 3 Sensor	57599081800	2 per 28 days
FreeStyle Libre 3 Reader	57599082000	1 per year
Dexcom G6 Transmitter	08627001601	1 per 90 days
Dexcom G6 Sensor	08627005303	3 per 30 days
Dexcom G6 Receiver	08627009111	1 per year
Dexcom G7 Sensor Miscellaneous	08627007701	3 per 30 days
Dexcom G7 Receiver Device	08627007801	1 per year
Omnipod Dash Intro Kit	08508200032	1 per year-Requires Prior
		Authorization
Omnipod 5 G6 Intro Kit	08508300001	1 per year-Requires Prior
0 1 15 00	005000000	Authorization
Omnipod 5 G6 pods	08508300021	15 per 30 days-Requires Prior
Omnipod Go Kit 10 UNIT/24HR	8508400010	Authorization 10 per 30 days-Requires Prior
Ommpod Go Kit 10 ON11/24HK	8508400010	Authorization
Omnipod Go Kit 15 UNIT/24HR	8508400015	10 per 30 days-Requires Prior
Ommpod do kit 13 OMM/24/IIK	0500400015	Authorization
Omnipod Go Kit 20 UNIT/24HR	8508400025	10 per 30 days-Requires Prior
		Authorization
Omnipod Go Kit 25 UNIT/24HR	08508400025	10 per 30 days-Requires Prior
		Authorization
Omnipod Go Kit 30 UNIT/24HR	08508400030	10 per 30 days-Requires Prior
		Authorization
Omnipod Go Kit 35 UNIT/24HR	08508400035	10 per 30 days-Requires Prior
	0500400040	Authorization
Omnipod Go Kit 40 UNIT/24HR	8508400040	10 per 30 days-Requires Prior
		Authorization

If you have questions about this notification, please call Provider Services at **1-800-617-5727**. For pharmacy questions, please call the Pharmacy Help Desk at **1-855-371-3963**, available 24 hours a day, 7 days a week.