



Trillium Community Health Plan Diabetic Supplies Covered Through Retail Pharmacy

Below is a list of preferred diabetes testing supplies a member can receive from an in-network pharmacy.

Test Strips

OneTouch[®]	Quantity Limit
OneTouch Ultra [®]	Insulin users: 450 per 90 days. Non-insulin users 100 per 90.
OneTouch Verio [®]	Insulin users: 450 per 90 days. Non-Insulin users: 100 per 90.

Lancets

Lancets	Quantity Limit
Lancing Device: Multiple options, see formulary at https://www.trilliumohp.com/providers/pharmacy.html	1 per 180 days
Lancets: Multiple options, see formulary at https://www.trilliumohp.com/providers/pharmacy.html	200 per month

Blood Glucose Meters

OneTouch[®] Meters	Quantity Limit
OneTouch [®] Ultra Meter	1 kit per 365 days (1 per calendar year)
OneTouch [®] Verio Meter	1 kit per 365 days (1 per calendar year)

OneTouch[®] blood glucose meters are billed to the manufacturer by the retail pharmacy. The pharmacy submits BIN 601341, PCN OHS, ID NOCHARGEMETR, Group OH6504161.

Continuous Glucose Monitoring (CGM)

FreeStyle®	Quantity Limit
FreeStyle® Libre 2*	1 Receiver every 3 years, 2 sensors every 28 days. A personal smart device (e.g., smart phone, smart watch) may also be used instead of the receiver.
FreeStyle® Libre 3*	1 Receiver every 3 years, 2 sensors every 28 days. A personal smart device (e.g., smart phone, smart watch) may also be used instead of the receiver

Dexcom is a non-preferred continuous glucose monitoring system. Requests for coverage of a non-preferred product must show that member has previously tried and failed the preferred option or submit documentation that the preferred option is contraindicated.

Automated Insulin Delivery System (Disposable Insulin Pump)

Omnipod®	Quantity Limit
Omnipod® 5 G6 Kit*	1 system per year
Omnipod® Pods (refill 5-pack)*	2 boxes (30 day supply)
Omnipod® Dash Kit*	1 system per year
Omnipod® Dash Pods (refill 5-pack)*	2 boxes (30 day supply)
V-Go® 20*	30 per month
V-Go® 30*	30 per month
V-Go® 40*	30 per month

Misc.

Misc, Diabetic Supplies	Quantity Limit
Alcohol Pads	400 per 30 days
Alcohol Swabs	400 per 30 days
Insulin Syringes: Multiple options, see formulary at https://www.trilliumohp.com/members/oregon-health-plan/pharmacy-program.html	6 per day

*Note, products with * require prior authorization.

For more detailed information about diabetic testing supplies covered by your plan, please review your plan formulary at <https://www.trilliumohp.com/providers/pharmacy.html>.

For benefit questions or to request a prior authorization, call Provider Services at 833-913-1004.