

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	
Accu-Chek Guide [®]	Insulin Users: Limit 450 per 90 days Non-Insulin Users: Limit 100 per 90 days
Lancets	
Lancing Device: Multiple options, see formulary at: https://www.trilliumohp.com/providers/pharmacy.html	Limit 1 per 180 days
Lancets: Multiple options, see formulary at: https://www.trilliumohp.com/providers/pharmacy.html	Limit 200 per month
Blood Glucose Meters	
Accu-Chek [®] Guide Meter	Limit 1 kit per 365 days (1 per calendar year)
Accu-Chek [®] Guide Me Meter	Limit 1 kit per 365 days (1 per calendar year)
Adults: Submit preferred Accu-Chek [®] meters to BIN 610524, PCN 1016, ID 029318512, Group 40026479, Call 1-800-657-7613. Ages 0-17: Bill 1 st meter to BIN 610524, PCN 1016, ID 029318512, Group 40026479, Call 1-800-657-7613. For 2nd meter, use SCC=10	
Continuous Glucose Monitoring (CGM)	
FreeStyle [®] Libre 2*	Limit 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*	Limit 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 trial and failure of the preferred option or that the preferred option cannot be used.	
Automated Insulin Delivery System (Disposable Insulin Pump)	
Omnipod [®] 5 Kit*	Limit 1 system per year
Omnipod [®] Pods (refill 5-pack)*	Limit 2 boxes (30 day supply)
Omnipod [®] Dash Kit*	Limit 1 system per year
Omnipod [®] Dash Pods (refill 5-pack)*	Limit 2 boxes (30 day supply)
V-Go [®] 20*	Limit 30 per month
V-Go [®] 30*	Limit 30 per month
V-Go [®] 40*	Limit 30 per month
Miscellaneous	
Alcohol Pads	Limit 400 per 30 days
Alcohol Swabs	Limit 400 per 30 days
Insulin Syringes: Multiple options, see formulary at: https://www.trilliumohp.com/providers/pharmacy.html	Limit 6 per day
*Requires prior authorization for coverage	

For more detailed information about diabetic testing supplies covered by Trillium, please review the formulary at <https://www.trilliumohp.com/providers/pharmacy.html>. For benefit questions or to request prior authorization, call Trillium Provider Services at 833-913-1004.