

Continuous glucose monitors and supplies formulary changes

Effective [December 1, 2021], the changes outlined below apply to all Healthy Blue members.

FORMULARY CHANGES EFFECTIVE FOR ALL MEMBERS ON DECEMBER 1, 2021		
DIABETIC SUPPLIES	BD PEN NEEDLES BD INSULIN SYRINGES	PREFERRED FOR ALL MEMBERS (NOW INCLUDING EXISTING UTILIZERS)
UM EDITS – EFFECTIVE FOR ALL MEMBERS NO LATER THAN DECEMBER 1, 2021 <i>NO CHANGES IN PREFERRED/NON-PREFERRED STATUS REVISION OR ADDITION TO UM EDIT ONLY</i>		
MEDICAL DEVICES AND SUPPLIES	OMNIPOD MIS 5 PACK CARTRIDGE MIS 3ML ULTRAFLEX MIS 31/8MM CARTRIDGE MIS PUMP	15 PER 30 DAYS
MEDICAL DEVICES AND SUPPLIES	OMNIPOD KIT STARTER	1 PUMP EVERY 4 YEARS
MEDICAL DEVICES AND SUPPLIES	DEXCOM G6 MIS RECEIVER DEXCOM G5 MIS RECEIVER	1 RECEIVER PER YEAR
MEDICAL DEVICES AND SUPPLIES	DEXCOM G6 MIS SENSOR GUARDIAN MIS SENSOR 3	5 SENSORS PER 30 DAYS
MEDICAL DEVICES AND SUPPLIES	DEXCOM G6 MIS TRANSMIT DEXCOM G5 MIS TRANSMIT GUARDIAN CON MIS TRANSMIT EVERSENSE MIS TRANSMTR GUARDIAN CON MIS TRANSMIT	1 TRANSMITTER PER 90 DAYS

What action do I need to take?

Please review these changes and work with your Healthy Blue patients to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific patients, you will need to obtain prior authorization to continue coverage beyond the applicable effective date.

What if I need assistance?

We recognize the unique aspects of patients' cases. If for medical reasons your Healthy Blue patient cannot be converted to a formulary alternative, call our Pharmacy department at [844-521-6942] and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our provider website at <https://providers.healthybluel.com>.

If you have questions about this communication or need assistance with any other item, contact your local Provider Experience associate or call Provider Services at [844-521-6942].