

October 2024

## New BlueMedicare PPO Policy for Diabetes Glucose Monitors and Supplies

On January 1, 2025, a new policy will change how members in **BlueMedicare<sup>SM</sup> PPO** Medicare Advantage health plans obtain their diabetes glucose monitors, associated supplies, and insulin administered by pump. These products will still be covered under the medical (Durable Medical Equipment) benefit but will be distributed by in-network retail and home delivery pharmacies.

In the new policy, **LifeScan (OneTouch<sup>®</sup>)** and **Ascencia (Contour<sup>®</sup>)** products are the preferred brands for diabetic testing supplies. Although the new policy is effective January 1, members may start filling their prescription for the preferred brand diabetes testing supplies at their local in-network retail and home delivery pharmacies starting December 1, 2024. For BlueMedicare PPO members only, CareCentrix will no longer provide diabetes glucose monitors and supplies, but they will continue to provide insulin *pumps*.

### How it Works

#### Diabetic Testing Supplies

The provider should submit a prescription for a **preferred brand** diabetes glucose monitor and supplies to an in-network retail and/or home delivery pharmacy of the patient's choice. The pharmacy will dispense the requested diabetes glucose monitor and supplies.

For **non-preferred brand** diabetes glucose monitors and supplies, a prior authorization is needed. In this case, providers must submit a prescription to the pharmacy and request a medical necessity review to Florida Blue Medicare's clinical care team through Availity Essentials at [Availity.com](https://www.availity.com).

If a medical necessity is not approved, the pharmacy point-of-sale denial message will read: *Supplied through Part B benefit via Retail. PA required. Provider call Florida Blue.*

#### Insulin (Administered via Pump)

Insulin administered via pump will be available exclusively at an in-network retail pharmacy or participating home delivery pharmacy for BlueMedicare PPO members. An additional authorization is not needed. However, the provider will need to send a prescription to the pharmacy of their patient's choice for the subsequent refills.

### Member Awareness

Your BlueMedicare PPO patients will learn about this new policy in their 2025 Florida Blue communications (Explanation of Coverage, Summary of Benefits, etc.) and in their MyHealthLink member portal.

### Questions & Answers

Additional details are included in the following questions and answers.

#### 1) Which brands of diabetic testing supplies are covered for Florida Blue BlueMedicare PPO patients?

**Diabetes testing supplies:** The preferred diabetic testing supplies are LifeScan (OneTouch) and Ascencia (Contour).

**Insulin administered via pump:** There is no change to covered insulin brands. However, they are now exclusively available at participating in-network retail and home delivery pharmacies.

**2) Will my PPO patient's cost share/copayment be the same or lower at the retail pharmacy?**

Our member's cost share remains at \$0 (in-network) for diabetic testing supplies and insulin administered via an insulin pump remains covered at no more than \$35 per month.

**3) Can my PPO patient use their former prescription for non-preferred diabetic testing supplies to obtain the preferred brand?**

No. You will need to provide your patient with a new prescription for a preferred brand to obtain from a local in-network retail pharmacy or participating home delivery pharmacy.

**4) My PPO patient's prescription for diabetic testing supplies was rejected at the pharmacy. What steps should be taken next?**

You will need to submit a request for medical necessity review to Florida Blue Medicare through Availity Essentials at Availity.com or via Fax.

**5) Will my PPO patient need a prior authorization for non-preferred diabetes testing supplies?**

Yes. If a non-preferred brand is requested, providers must submit a prescription to the pharmacy and a request for medical necessity review to Florida Blue Medicare through Availity Essentials at Availity.com or via Fax.

**6) Where should I submit a medical necessity review request?**

You should submit your medical necessity review request to Florida Blue Medicare through Availity Essentials at Availity.com. You can also Fax your request to **1-904-357-6699**. Reviews can take up to 14 days to be processed.

**7) How long is the medical necessity approval valid?**

Medical necessity authorizations are valid for one year.

**8) Will my PPO patient's plan still cover diabetic testing supplies, insulin, and insulin pumps from CareCentrix?**

Per the new Medicare Advantage PPO policy, **diabetic testing supplies and insulin** will not be available from CareCentrix for our PPO members. However, **Insulin pumps** will continue to remain available only from CareCentrix.

**9) My PPO patient has a first-time prescription for insulin to be administered via their new insulin pump. How do they obtain insulin and an insulin pump?**

As their provider, you will need to:

- a) **Insulin:** Provide your patient with a prescription for their insulin to their preferred in-network retail or participating home delivery pharmacy. No authorization is needed for their insulin, and they can pick up or receive delivery as they do for other medications. Your patient will pay no more than \$35 a month for insulin used in a pump.
- b) **Insulin pump:** Submit a medical necessity request and order to CareCentrix for your patient's insulin *pump*.

**10) My PPO patient uses a disposable insulin pump (i.e., Omnipod) for their insulin. Is anything changing for these?**

No. These will continue to be covered under Part D.

**11) My PPO patient just got their last shipment of diabetic testing supplies (and/or insulin) from CareCentrix. Is a new authorization needed to fill at the pharmacy?**

Yes, a new preferred brand prescription for your patient will be needed so the local pharmacy can fill the diabetes glucose monitor and supplies (and/or insulin). The Centers for Medicare and Medicaid Services requires Medicare plans grant members a transition fill, if eligible. The transition fill issued will direct the member to next steps for coverage.

**12) Who is eligible for a transition fill?**

A member is eligible for a transition fill during the first 90 days of enrollment in their plan.

**13) My PPO patient has their first-time prescription for a diabetic glucose monitor. How should they obtain supplies?**

You will need to provide your patient with a prescription for preferred brand supplies for them to obtain from a participating in-network retail or home delivery pharmacy.

**14) How do the BlueMedicare PPO and HMO glucose monitors and diabetic testing supplies policies differ for patients?**

- **BlueMedicare PPO** patients:
  - Preferred brands: Prescriptions should be sent to the patient's in-network pharmacy of choice (no authorization needed)
  - Non-preferred brands: Prescriptions should be sent to the patient's pharmacy, and you must submit a request for medical necessity review through Availity Essentials in Availity.
- **BlueMedicare HMO** patients:
  - Preferred brands: Prescriptions should be sent to the patient's in-network pharmacy of choice or CareCentrix.
  - Non-preferred brands: Prescriptions should be sent to CareCentrix for processing.