



Molina Healthcare of Florida, Inc. Diabetic Supplies

Starting **October 1, 2024**, covered diabetic supplies transitioned to be filled by the pharmacy via the Pharmacy Benefit. AHCA also notified that effective **January 1, 2025**, members will be required to fill all diabetic supplies at the pharmacy and will no longer be covered under the Durable Medical Equipment (DME) benefit.

AHCA has updated the coverage and has made the below exceptions for coverage of specific supplies:

- Insulin pump therapy and associated pump supplies (HCPCS: E0784, A4230, A4231, and A4232) will remain on the DME fee schedule and continue to be reimbursed as a DME product **after December 31, 2024.**
- Continuous glucose monitors (CGMs) (HCPCS: E2102, A4238, A9276, A9277, A9278) will only be reimbursed through the DME fee schedule via prior authorization documenting that the patient is currently using or has been prescribed a traditional insulin pump (E0784) requiring an infusion set with tubing and insulin cartridge.
- Insulin pumps adjudicated through the pharmacy point of sale must also receive the accompanying CGM through the pharmacy.

Starting **January 1, 2025**, all prescriptions must be submitted to Molina’s pharmacy provider for dispensation with the exceptions of the ones above listed as covered via DME benefit.

For those supplies that will continue to be covered via the DME benefit, please coordinate with Coastal Care.

Covered Diabetic Supply Products		
Traditional Blood Glucose Meters (BGM)		
Manufacturer	Product Name	Limitation
LIFESCAN	ONETOUCH ULTRA2 METER	1 PER YEAR
TRIVIDIA	ONETOUCH VERIO FLEX METER	
	TRUE METRIX AIR GLUCOSE METER	
	TRUE METRIX GLUCOSE METER	
Blood Glucose Test Strips		
Manufacturer	Product Name	Limitation
LIFESCAN	ONETOUCH ULTRA TEST STRIP	200 PER MONTH
TRIVIDIA	ONETOUCH VERIO TEST STRIP	
	TRUE METRIX GLUCOSE TEST STRIP	
Continuous Blood Glucose Monitors (CGM)		
Manufacturer	Product Name	Limitation

DEXCOM	DEXCOM G6 CGM RECEIVER DEXCOM G6 SENSOR DEXCOM G6 TRANSMITTER	1 PER YEAR 3 PER 30 DAYS 1 PER 90 DAYS
ABBOTT	DEXCOM G7 CGM RECEIVER DEXCOM G7 SENSOR FREESTYLE LIBRE 14 DAY READER FREESTYLE LIBRE 2 READER FREESTYLE LIBRE 3 READER FREESTYLE LIBRE 14 DAY SENSOR FREESTYLE LIBRE 2 SENSOR FREESTYLE LIBRE 3 SENSOR	1 PER YEAR 3 PER 30 DAYS 1 PER YEAR 1 PER YEAR 1 PER YEAR 2 PER 28 DAYS 2 PER 28 DAYS 2 PER 28 DAYS
Insulin Pen Needles		
Manufacturer	Product Name	Limitation
ARKRAY BD DIABETES	TECHLITE PEN NEEDLE ULTRA-FINE MICRO PEN NEEDLE ULTRA-FINE MINI PEN NEEDLE ULTRA-FINE NANO PEN NEEDLE ULTRA-FINE ORIGINAL PEN NEEDLE ULTRA-FINE SHORT PEN NEEDLE	200 PER MONTH
Insulin Syringes		
Manufacturer	Product Name	Limitation
BD DIABETES TRIVIDIA	INSULIN SYRINGES INSULIN SYRINGES	200 PER MONTH
Insulin Pumps/Patches		
Manufacturer	Product Name	Limitation
CEQUR INSULET	CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4)	10 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS
MANNKIND	OMNIPOD GO PODS V-GO	15 PER 30 DAYS
Ketone Strips		
Manufacturer	Product Name	Limitation
ABBOTT	PRECISION XTRA BLOOD KETONE TESTSTRIPS	30 PER MONTH
Lancets		
Manufacturer	Product Name	Limitation
LIFESCAN TRIVIDIA	ONETOUCH LANCETS ONETOUCH DELICA PLUS LANCETS TRUEPLUS LANCETS	200 PER MONTH
Lancing Devices		



Manufacturer	Product Name	Limitation
LIFESCAN	ONETOUCH DELICA PLUS LANCING DEVICE	2 PER YEAR
TRIVIDIA	TRUEDRAW LANCING DEVICE	
Miscellaneous		
Manufacturer	Product Name	Limitation
ALL	ALCOHOL SWABS	2 BOXES/MONTH
ALL	CALIBRATION CONTROL SOLUTION	1 PER 6 MONTHS

If you need further assistance, don't hesitate to contact our support team directly for guidance via Phone at (855) 322-4076.