

# CareOregon Diabetes Resource Guide

Item	OHP Pharmacy (all eligible for 90 days)	OHP DME	CareOregon Advantage Pharmacy (Under Part B)	CareOregon Advantage DME
Alcohol pads	1 box per month	1 box per month	Covered	1 box per month (typically 200 units)
Continuous glucose monitor receiver/reader (see requirements below)	1 every 2 years, Freestyle Libre only (requires PA approval)	Multiple types available (requires PA approval)	Multiple types available (requires PA approval; see requirements below)	Multiple types available (requires PA approval)
Continuous glucose monitor sensor	1 every 14 days, up to 84-day supply (requires PA approval)	90-day supply available (requires PA approval)	90-day supply available (requires PA approval; see requirements below)	1 per 14 days (requires PA approval)
Continuous glucose monitor transmitter	N/A (not required with Freestyle Libre)	1 per 90 days (requires PA approval)	90-day supply available (requires PA approval; see requirements below)	1 per 90 days (requires PA approval)
Control solution	1 box every 3 months	1 box per 3 months	Covered (any brand)	1 box per 3 months
Glucometer	1 unit every 2 years; OneTouch brand only*	1 unit every 2 years	1 unit every 2 years (any brand)	1 unit every 2 years
Lancet	200 per month; OneTouch brand*	200 per month	Covered	200 per month
Lancing device	1 every 3 months	1 every 3 months	Covered (any brand)	1 every 3 months
Needle disposal	N/A	N/A	Covered on CareCard only	N/A
Pen needles	With paid insulin claim, 200 per month	500 per 3 months	Covered	N/A
Replacement battery for monitor	N/A	1 every 10 months	Covered on CareCard only	1 every 10 months
Syringe	With paid insulin claim, 500 every 3 months	180 units every month	Covered	Excluded; available through pharmacy benefit only
Testing strips	150 every month; OneTouch brand*	150 every month (any type)	Covered (any brand)	More than 150 per month requires PA approval

\*Covered meters and strips: OneTouch Ultra (and Ultra II) and Verio (Flex and Reflect). Covered lancets: Delica and MIS lancets. Covered lancing devices: OneTouch or Delica.

## Requirements

Statewide free needle disposal sites: Oregon Safe Needle Disposal Pharmacy ([safeneedledisposal.org/states/oregon](http://safeneedledisposal.org/states/oregon))

Pharmacy PA requirements for continuous glucose monitoring need recent chart notes showing medical necessity (similar to DME requirements).

COA: Continuous glucose monitors require authorization. Approval requires that the member be on insulin therapy or have a history of problematic hypoglycemia.

OHP: Only Free Style Libre II or III and available under pharmacy benefit: [link.careoregon.org/continuous-glucose-monitor-pa](http://link.careoregon.org/continuous-glucose-monitor-pa)

Insulin pump available under Pharmacy benefit: Omnipod only.

COA: [link.careoregon.org/coa-formulary-diabetes-poster](http://link.careoregon.org/coa-formulary-diabetes-poster)

OHP: [link.careoregon.org/coa-insulin-pa-diabetes-poster](http://link.careoregon.org/coa-insulin-pa-diabetes-poster)

DME No Auth list: [link.careoregon.org/DME-no-auth-list](http://link.careoregon.org/DME-no-auth-list)

Items covered on COA CareCard include glucometer, lancets, lancing device, test strips, control solution, alcohol pads, pen needles and insulin syringes. Please use pharmacy or DME benefit first; CareCard benefit is best left for emergency situations.

## Commonly used statewide diabetes DME providers

DME provider	Contact info	Testing supplies	GCM and supplies	Insulin pumps	Talking glucometers
Byram Healthcare	Phone: 877-902-9726 Fax: 877-845-6668	✓	✓	✓	✓ <small>Prodigy AutoCode meter only</small>
MiniMed/Medtronic	Phone: 800-933-3322 Fax: 818-576-6294	✓	✓	✓	
Edgepark	Phone: 800-321-0591 Fax: 330-963-6172	✓	✓		

Our pharmacy formulary products are reviewed periodically. Please check for the latest covered items at OHP Formulary [link.careoregon.org/co-formulary](http://link.careoregon.org/co-formulary)  
Find the CareOregon Advantage formulary at [careoregonadvantage.org/members/rx-and-drug-information/are-my-drugs-covered](http://careoregonadvantage.org/members/rx-and-drug-information/are-my-drugs-covered)

For escalated DME requests, including increased quantities, email DME Utilization Management at [dmespecialists@careoregon.org](mailto:dmespecialists@careoregon.org)  
Provider Customer Service is happy to help with:

- Questions about DME providers, including additional DME providers available by region
- Finding a DME vendor who meets your needs
- When you have not received an email response within 72 hours for escalated DME requests

Reach Provider Customer Service at 800-224-4840; Option 3 for provider.