

Omnipod® Products Added to the Pharmacy Benefit

Effective October 1, 2022, Highmark Health Options will add the following Omnipod® products to the preferred drug list.

The NDCs listed below will pay at point of sale and not require a prior authorization.

NDCs not listed below will be covered under the DME benefit.

| PREFERRED NDC | OMNIPOD® PRODUCT NAME |
|----------------------|--------------------------------|
| 08508112005 | OMNIPOD CLASSIC PODS (GEN 3) |
| 08508200005 | OMNIPOD DASH PODS (GEN 4) |
| 08508200032 | OMNIPOD DASH INTRO KIT (GEN 4) |
| 08508300001 | OMNIPOD 5 G6 INTRO KIT (GEN 5) |
| 08508300021 | OMNIPOD 5 G6 PODS (GEN 5) |

Contact Pharmacy Services at 1-844-325-6251 with any prior authorization or submission process questions.