



**Neighborhood INTEGRITY (Medicare-Medicaid Plan) List of Durable
Medical Equipment Available at a Pharmacy:
Updated June 2021**

Below is a list of covered Durable Medical Equipment (DME) diabetic supplies you can get at a participating pharmacy with a prescription. Please note that some DME diabetic supplies are not listed below but are covered when considered medically necessary. You may work with your provider to request that Neighborhood Health Plan of Rhode Island (Neighborhood) cover a DME diabetic supply that is not included in the list below. Covered diabetic supplies are not limited by brand or manufacturer when filled at a participating DME vendor. To view a list of participating DME vendors and pharmacies near you, go to the Neighborhood INTEGRITY Provider and Pharmacy Directory on our website at www.nhpri.org/INTEGRITY or call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday.

Manufacturer	Product Name
ROCHE DIAG	ACCU-CHEK AVIVA CONTROL SOL
ROCHE DIAG	ACCU-CHEK AVIVA PLUS TEST STRIPS
ROCHE DIAG	ACCU-CHEK FASTCLIX LANCETS
ROCHE DIAG	ACCU-CHEK GUIDE L1-L2 CONTROL SOL
ROCHE DIAG	ACCU-CHEK GUIDE RETAIL CARE KIT (MONITOR)
ROCHE DIAG	ACCU-CHEK GUIDE TEST STRIPS
ROCHE DIAG	ACCU-CHEK MULTICLIX LANCET KIT
ROCHE DIAG	ACCU-CHEK MULTICLIX LANCETS
ROCHE DIAG	ACCU-CHEK NANO SMART VIEW TEST STRIPS
ROCHE DIAG	ACCU-CHEK SMARTVIEW CONTROL SOL
ROCHE DIAG	ACCU-CHEK SOFTCLIX LANCET DEVICE
ROCHE DIAG	ACCU-CHEK SOFTCLIX LANCETS
ROCHE DIAG	ACCU-CHEK SOFTTOUCH LANCETS
ABBOTT DIABETES CARE	FREESTYLE KIT SENSOR
ABBOTT DIABETES CARE	FREESTYLE MIS READER
DEXCOM	DEXCOM G6 and G5
ZEALAND PHARMA	V-GO 20, 30, or 40 KIT
INSULET	OMNIPOD STARTER KIT AND 5 PACK

Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.

Limitations and restrictions may apply. For more information, call Neighborhood INTEGRITY Member Services or read the Member Handbook.

Benefits as well as the List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.



ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

ATENCIÓN: Si usted habla español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.

ATENÇÃO: Se você fala português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8:12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសា
ដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711)
ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។
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ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។ ការទូរស័ព្ទគឺឥតគិតថ្លៃ។