

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

The West Virginia Medicaid Program has established a Preferred Diabetic Supply List. For your convenience, we have provided NDC codes and special instructions for obtaining compatible blood glucose meters. Providers must issue Medicaid members with a prescription for the meter and the pharmacy will obtain preferred meters by following instructions in the billing information section included in this document. Preferred meters will be supplied by their manufacturers (Roche Diabetes Care Inc. and Trividia Health, Inc.).

PREFERRED TEST STRIPS:

Manufacturer	NDC	Product Description
Roche Diabetes Care Inc.	65702071110	Accu-Chek Guide Blood Glucose Test Strip - 50 ct
Roche Diabetes Care Inc.	65702071210	Accu-Chek Guide Blood Glucose Test Strip - 100 ct
Trividia Health, Inc	56151146004	True Metrix Test Strip - 50 ct
Trividia Health, Inc	56151146001	True Metrix Test Strip - 100 ct
Trividia Health, Inc	56151085050	True Track Test Strip - 50 ct
Trividia Health, Inc	56151081001	True Track Test Strip - 100 ct
Trividia Health, Inc	56151146104	ReliOn Rx TMX Test Strip - 50 ct
Trividia Health, Inc	56151146101	ReliOn Rx TMX Test Strip - 100 ct

PREFERRED METERS:

Manufacturer	NDC	Product Description
Roche Diabetes Care Inc.	65702073110	Accu-Chek Guide Me Blood Glucose Meter
Roche Diabetes Care Inc.	65702072910	Accu-Chek Guide Blood Glucose Meter
Trividia Health, Inc.	56151147002	True Metrix Blood Glucose Meter
Trividia Health, Inc.	56151149002	True Metrix Air Blood Glucose Meter
Trividia Health, Inc.	56151149102	ReliOn True Metrix Air Blood Glucose Meter
Trividia Health, Inc.	11917009921	True Track Blood Glucose Meter

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

Effective April 1st, 2019, West Virginia Medicaid began covering selected Continuous Glucose Monitors (CGM) and the Omnipod Insulin System replacement pods with a prior authorization requirement.

Please refer to our website for specific prior authorization criteria:

<https://dhhr.wv.gov/bms/BMS%20Pharmacy/Documents/Drug%20PA%20Criteria/Continuous%20Glucose%20Monitors%206.28.2022.pdf>

Prior authorization forms for continuous glucose monitors can be found at the following site:

<https://dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/PA-Forms.aspx>

PREFERRED CONTINUOUS GLUCOSE MONITORS AND SUPPLIES:

Manufacturer	NDC	Product Description
Abbott Diabetes Care Sales Corp.	57599000101	Freestyle Libre 14 Day Sensor
Abbott Diabetes Care Sales Corp.	57599080000	Freestyle Libre 2 Sensor
Abbott Diabetes Care Sales Corp.	57599081800	Freestyle Libre 3 Sensor
Abbott Diabetes Care Sales Corp.	57599000200	Freestyle Libre 14 Day Reader
Abbott Diabetes Care Sales Corp.	57599080300	Freestyle Libre 2 Reader
Dexcom	08627005303	DexCom G6 Sensor
Dexcom	08627001601	DexCom G6 Transmitter
Dexcom	08627009111	DexCom G6 Receiver
Dexcom	08627007701	DexCom G7 Sensor
Dexcom	08627007801	DexCom G7 Receiver

PREFERRED INSULIN MANAGEMENT SYSTEMS AND SUPPLIES:

Manufacturer	NDC	Product Description
Insulet Corp.	08508200005	Omnipod Dash 5 Pack Pods
Insulet Corp.	08508300001	Omnipod 5 G6 Intro Kit
Insulet Corp.	08508300021	Omnipod 5 G6 5 Pack Pods
Insulet Corp.	08508300050	Omnipod 5 G7 Intro Kit
Insulet Corp.	08508300053	Omnipod 5 G7 5 Pack Pods

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

Guardian CGM's are limited to children up to the age of 19 for use with MiniMed Pumps

Manufacturer	NDC	Product Description
MiniMed Distribution Corp.	63000028585	Guardian Connect Transmitter
MiniMed Distribution Corp.	63000041338	Guardian 4 Glucose Sensor
MiniMed Distribution Corp.	63000044515	Guardian 4 Transmitter Kit
MiniMed Distribution Corp.	63000044516	Guardian 4 Transmitter Kit
MiniMed Distribution Corp.	63000051968	Guardian 4 Glucose Sensor
MiniMed Distribution Corp.	76300000260	Guardian Connect Transmitter
MiniMed Distribution Corp.	43169070405	Guardian Sensor 3
MiniMed Distribution Corp.	43169095568	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000017962	Guardian Sensor 3
MiniMed Distribution Corp.	63000028677	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000028678	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000031699	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000033698	Guardian Sensor 3
MiniMed Distribution Corp.	63000035751	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000035844	Guardian Sensor 3
MiniMed Distribution Corp.	76300023982	Guardian Link 3 Transmitter

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

Needle and syringe combinations and disposable pen needles for insulin pens are reimbursed through the Pharmacy Point-Of-Sale (POS) program only for the administration of insulin.

PREFERRED SYRINGES:

Manufacturer	NDC	Product Description
Embecta	08290328431	BD Insulin Syringes – 0.3 mL
Embecta	08290328411	BD Insulin Syringes – 1 mL
Embecta	08290328418	BD Insulin Syringes – 1 mL
Embecta	08290328440	BD Insulin Syringes – 0.3 mL
Embecta	08290328438	BD Insulin Syringes – 0.3 mL
Embecta	08290328466	BD Insulin Syringes – 0.5 mL
Embecta	08290328468	BD Insulin Syringes – 0.5 mL
Embecta	08290326730	BD Insulin Syringes – 0.5 mL
Trividia	56151170201	True Plus Insulin Syringes – 0.5 mL
Trividia	56141170301	True Plus Insulin Syringes – 1 mL
Trividia	56151171101	True Plus Insulin Syringes – 0.5 mL
Trividia	56151171201	True Plus Insulin Syringes – 0.5 mL
Trividia	56151171301	True Plus Insulin Syringes – 1 mL
Trividia	56151172101	True Plus Insulin Syringes – 0.3 mL
Trividia	56151172201	True Plus Insulin Syringes – 0.5 mL
Trividia	56151173101	True Plus Insulin Syringes – 0.3 mL
Trividia	56151173201	True Plus Insulin Syringes – 0.5 mL
Trividia	56151173301	True Plus Insulin Syringes – 1 mL
Trividia	56151172301	True Plus Insulin Syringes – 1 mL

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

PREFERRED PEN NEEDLES:

Manufacturer	NDC	Product Description
Embecta	08290320749	BD Ultra Fine Micro Pen Needle
Embecta	08290320119	BD Ultra Fine Mini Pen Needle
Embecta	08290320122	BD Ultra Fine Nano Pen Needle
Embecta	08290328203	BD Ultra Fine Original Pen Needle
Embecta	08290320109	BD Ultra Fine Short Pen Needle
Embecta	08290320550	BD Nano 2 Gen Pen Needle
Embecta	08290329515	BD AutoShield Duo Pen Needle
Trividia	56151211001	True Plus Pen Needle
Trividia	56151211101	True Plus Pen Needle
Trividia	56151211201	True Plus Pen Needle
Trividia	56151211301	True Plus Pen Needle
Trividia	56151211401	True Plus Pen Needle

PREFERRED LANCETS:

Manufacturer	NDC	Product Description
Owen Mumford	08470057501	Unilet Lancets
Owen Mumford	08470058501	Unilet Lancets
Owen Mumford	08470056501	Unilet Lancets
Trividia	56151014260	True Plus Lancets
Trividia	56151014401	True Plus Lancets
Trividia	56151014402	True Plus Lancets
Trividia	56151014701	True Plus Lancets

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January 1, 2025

Billing Information

BLOOD GLUCOSE METERS

Roche Diabetes Care, Inc.:

To process claims for the Accu-Chek Guide meter, please use the code below, which is part of the Roche Free Meter Program. This code must be accompanied by a blood glucose meter prescription: "Please dispense one (Insert meter name and NDC) meter at no charge to the patient."

BIN #: 610524
RxPCN #: 1016
Group #: 40026479
ID #: 361484851
Issue #: (80840)

For assistance filing a Roche claim, please call the Pharmacy Help Line at 1-800-657-7613.
For product training, please call Accu-Chek Customer Care at 1-800-858-8072.

Any blood glucose meter dispensed pursuant to the terms of this code is dispensed as a sample and shall not be submitted to any third-party payer, public or private, for reimbursement.

Trividia Health, Inc.:

To process claims for True Metrix and True Track brand meters, please use the code below, which is part of the Trividia Free Meter Program. This code must be accompanied by a blood glucose meter prescription: "Please dispense one (Insert meter name and NDC) meter at no charge to the patient."

BIN #: 018844
RxPCN #: 3F
Group #: FVTRUEPORT50
ID #: TRPT5023493

For assistance filing a Trividia claim, please call 1-855-282-4888.

INSULIN MANAGEMENT SYSTEMS AND SUPPLIES

Insulet Corp.:

The Omnipod Starter Kit and Omnipod DASH Starter Kit must be adjudicated with their manufacturer, Insulet. Instructions can be found by using the link below. To obtain the no charge Omnipod DASH Starter Kit please complete the Certificate of Medical Necessity Form (located below) and fax to Insulet at 877-467-8538 or if you have any questions, call 800-591-3455.



Omnipod Medical
Necessity Form

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

Diabetic Supply Limitations

The following limits apply for those members who have insulin dependent diabetes:

Urine and Blood Glucose Testing Tablets and Strips	150 per 30 days
Lancets	200 per 30 days
Insulin Syringes and Needle Combinations	100 per 30 days
Pen Needles	100 per 30 days

The following limits apply for those members who have non-insulin dependent diabetes:

Urine and Blood Glucose Testing Tablets and Strips	100 per 30 days
Lancets	100 per 30 days

The following limits apply for those members who utilize a CGM:

Urine and Blood Glucose Testing Tablets and Strips	50 per 90 days *
Lancets	50 per 90 days *

*Requires authorization through the pharmacy prior authorization vendor

Prescriptions for quantities greater than the above referenced amounts require prior authorization through the pharmacy prior authorization vendor.