

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 BLOOD GLUCOSE METERS:

| Manufacturer | NDC | Product Description |
|---------------------------|-------------|--|
| Roche Diabetes Care, Inc. | 65702072910 | Accu-Chek Guide Blood Glucose Meter |
| Roche Diabetes Care, Inc. | 65702073110 | Accu-Chek Guide Me Blood Glucose Meter |
| Trividia Health, Inc. | 56151147002 | True Metrix Blood Glucose Meter |
| Trividia Health, Inc. | 56151147004 | 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 |

PREFERRED TEST STRIPS:

| Manufacturer | NDC | Product Description |
|---------------------------|-------------|--|
| Roche Diabetes Care, Inc. | 65702071110 | Accu-Chek Guide Test Strips - 50 ct |
| Roche Diabetes Care, Inc. | 65702071210 | Accu-Chek Guide Test Strips - 100 ct |
| Trividia Health, Inc | 56151146003 | True Metrix Test Strips - 25 ct |
| Trividia Health, Inc | 56151146004 | True Metrix Test Strips - 50 ct |
| Trividia Health, Inc | 56151146001 | True Metrix Test Strips - 100 ct |
| Trividia Health, Inc | 56151085050 | TRUEtrack Test Strips - 50 ct |
| Trividia Health, Inc | 56151081001 | TRUEtrack Test Strips - 100 ct |
| Trividia Health, Inc | 56151146104 | ReliOn Rx True Metrix Test Strips - 50 ct |
| Trividia Health, Inc | 56151146101 | ReliOn Rx True Metrix Test Strips - 100 ct |

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

PREFERRED LANCETS:

| Manufacturer | NDC | Product Description |
|------------------------|--------------------|----------------------|
| Owen Mumford USA, Inc. | 08470056501 | Unilet Lancets 28G |
| Owen Mumford USA, Inc. | 08470057501 | Unilet Lancets 30G |
| Owen Mumford USA, Inc. | 08470058501 | Unilet Lancets 33G |
| Trividia Health, Inc. | 56151014260 | TRUEplus Lancets 28G |
| Trividia Health, Inc. | 56151014401 | TRUEplus Lancets 30G |
| Trividia Health, Inc. | 56151014402 | TRUEplus Lancets 30G |
| Trividia Health, Inc. | 56151014701 | TRUEplus Lancets 33G |

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

Effective April 1st, 2019, West Virginia Medicaid began covering selected Continuous Glucose Monitors (CGMs) and the Omnipod Insulin System replacement pods with a prior authorization requirement. Please refer to our website for specific [prior authorization criteria for CGMs](#) and [prior authorization forms for CGMs](#).

PREFERRED CONTINUOUS GLUCOSE MONITORS (CGMs) AND SUPPLIES:

| Manufacturer | NDC | Product Description |
|----------------------------------|-------------|-------------------------------|
| Abbott Diabetes Care Sales Corp. | 57599000101 | FreeStyle Libre 14 Day Sensor |
| Abbott Diabetes Care Sales Corp. | 57599000200 | FreeStyle Libre 14 Day Reader |
| Abbott Diabetes Care Sales Corp. | 57599080000 | FreeStyle Libre 2 Sensor |
| Abbott Diabetes Care Sales Corp. | 57599080300 | FreeStyle Libre 2 Reader |
| Abbott Diabetes Care Sales Corp. | 57599081800 | FreeStyle Libre 3 Sensor |
| Abbott Diabetes Care Sales Corp. | 57599082000 | FreeStyle Libre 3 Reader |
| Abbott Diabetes Care Sales Corp. | 57599083500 | FreeStyle Libre 2 Plus Sensor |
| Abbott Diabetes Care Sales Corp. | 57599084400 | FreeStyle Libre 3 Plus Sensor |
| 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 |

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

PREFERRED INSULIN MANAGEMENT SYSTEMS AND SUPPLIES:

| Manufacturer | NDC | Product Description |
|---------------|--------------------|-------------------------------------|
| Insulet Corp. | 08508200005 | Omnipod Dash Pods (Gen 4) |
| Insulet Corp. | 08508300001 | Omnipod 5 DexG7G6 Intro Kit |
| Insulet Corp. | 08508300021 | Omnipod 5 DexG7G6 Pods |
| Insulet Corp. | 08508300088 | Omnipod 5 Libre 2 Plus G6 Intro Kit |
| Insulet Corp. | 08508300042 | Omnipod 5 Libre 2 Plus G6 Pods |
| Insulet Corp. | 08508400010 | Omnipod GO 10 |
| Insulet Corp. | 08508400015 | Omnipod GO 15 |
| Insulet Corp. | 08508400020 | Omnipod GO 20 |
| Insulet Corp. | 08508400025 | Omnipod GO 25 |
| Insulet Corp. | 08508400030 | Omnipod GO 30 |
| Insulet Corp. | 08508400035 | Omnipod GO 35 |
| Insulet Corp. | 08508400040 | Omnipod GO 40 |

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 Medical | 08290328431 83017843103 | BD Insulin Syringes – 0.3 mL |
| Embecta Medical | 08290328438 83017843803 | BD Insulin Syringes – 0.3 mL |
| Embecta Medical | 08290328440 83017844003 | BD Insulin Syringes – 0.3 mL |
| Embecta Medical | 08290328466 83017846603 | BD Insulin Syringes – 0.5 mL |
| Embecta Medical | 08290328468 83017846803 | BD Insulin Syringes – 0.5 mL |
| Embecta Medical | 08290326730 83017673003 | BD Insulin Syringes – 0.5 mL |
| Embecta Medical | 08290328411 83017841103 | BD Insulin Syringes – 1 mL |
| Embecta Medical | 08290328418 83017841803 | BD Insulin Syringes – 1 mL |
| Embecta Medical | 08290324909 | BD Veo Insulin Syringes – 0.3 mL |
| Embecta Medical | 08290324910 | BD Veo Insulin Syringes – 0.3 mL |
| Embecta Medical | 08290324911 | BD Veo Insulin Syringes – 0.5 mL |
| Embecta Medical | 08290324912 | BD Veo Insulin Syringes – 1 mL |
| Trividia Health, Inc. | 56151170201 | TRUEplus Insulin Syringes – 0.5 mL |
| Trividia Health, Inc. | 56151170301 | TRUEplus Insulin Syringes – 1 mL |
| Trividia Health, Inc. | 56151171101 | TRUEplus Insulin Syringes – 0.3 mL |
| Trividia Health, Inc. | 56151171201 | TRUEplus Insulin Syringes – 0.5 mL |
| Trividia Health, Inc. | 56151171301 | TRUEplus Insulin Syringes – 1 mL |
| Trividia Health, Inc. | 56151172101 | TRUEplus Insulin Syringes – 0.3 mL |
| Trividia Health, Inc. | 56151172201 | TRUEplus Insulin Syringes – 0.5 mL |
| Trividia Health, Inc. | 56151172301 | TRUEplus Insulin Syringes – 1 mL |
| Trividia Health, Inc. | 56151173101 | TRUEplus Insulin Syringes – 0.3 mL |
| Trividia Health, Inc. | 56151173201 | TRUEplus Insulin Syringes – 0.5 mL |
| Trividia Health, Inc. | 56151173301 | TRUEplus Insulin Syringes – 1 mL |

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

PREFERRED PEN NEEDLES:

| Manufacturer | NDC | Product Description |
|-----------------------|--|--|
| Embecta Medical | 08290328203 | BD Ultra Fine Original Pen Needles 29G |
| Embecta Medical | 08290320119 | BD Ultra Fine Mini Pen Needles 31G |
| Embecta Medical | 08290320109 | BD Ultra Fine Short Pen Needles 31G |
| Embecta Medical | 08290320122 | BD Ultra Fine Nano Pen Needles 32G |
| Embecta Medical | 08290320749 | BD Ultra Fine Micro Pen Needles 32G |
| Embecta Medical | 08290320550 | BD Nano 2nd Gen Pen Needles 32G |
| Embecta Medical | 08290329515 83017951503 | BD AutoShield Duo Pen Needles 30G |
| Trividia Health, Inc. | 56151211001 | TRUEplus Pen Needles 29G |
| Trividia Health, Inc. | 56151211101 | TRUEplus Pen Needles 31G |
| Trividia Health, Inc. | 56151211201 | TRUEplus Pen Needles 31G |
| Trividia Health, Inc. | 56151211301 | TRUEplus Pen Needles 31G |
| Trividia Health, Inc. | 56151211401 | TRUEplus Pen Needles 32G |

PREFERRED INSULIN SMART PENS:

| Manufacturer | NDC | Product Description |
|----------------------------|--------------------|---------------------------------|
| MiniMed Distribution Corp. | 63000082715 | InPen – Humalog – Blue |
| MiniMed Distribution Corp. | 63000082716 | InPen – Humalog – Grey |
| MiniMed Distribution Corp. | 63000082717 | InPen – Humalog – Pink |
| MiniMed Distribution Corp. | 63000082718 | InPen – Novolog or Fiasp – Blue |
| MiniMed Distribution Corp. | 63000082719 | InPen – Novolog or Fiasp – Grey |
| MiniMed Distribution Corp. | 63000082720 | InPen – Novolog or Fiasp – Pink |

West Virginia Preferred Diabetic Supply List (PDSL)

January 1, 2025

Billing Information

BLOOD GLUCOSE METERS

Roche Diabetes Care, Inc.:

To process claims for the Accu-Chek Guide meters, 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.