

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 |

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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 |

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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. | 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 |

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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 |

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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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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

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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.