West Virginia Preferred Diabetic Supply List
January 1, 2025

The West Virginia Medicaid Program and the West Virginia Children's Health Insurance Program (CHIP) have established a Preferred Diabetic Supply List (PDSL). 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.	**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	**56151146004**	True Metrix Test Strips - 50 ct
Trividia Health, Inc	**56151146001**	True Metrix 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

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

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PREFERRED LANCING DEVICE:

Manufacturer	NDC	Product Description
Owen Mumford USA, Inc.	**08470027901**	Autolet Lite Lancing Device
Owen Mumford USA, Inc.	**08470027001**	Autolet Impression Lancing Device
Trividia Health, Inc.	**56151014201**	TRUEdraw Lancing Device

West Virginia Medicaid and West Virginia CHIP covers 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, Inc.	**08627005303**	DexCom G6 Sensor
DexCom, Inc.	**08627001601**	DexCom G6 Transmitter
DexCom, Inc.	**08627009111**	DexCom G6 Receiver
DexCom, Inc.	**08627007701**	DexCom G7 Sensor
DexCom, Inc.	**08627007801**	DexCom G7 Receiver

****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

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Manufacturer	NDC	Product Description
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

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.

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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** **83017490903**	BD Veo Insulin Syringes – 0.3 mL
Embecta Medical	**08290324910** **83017491003**	BD Veo Insulin Syringes – 0.3 mL
Embecta Medical	**08290324911** **83017491103**	BD Veo Insulin Syringes – 0.5 mL
Embecta Medical	**08290324912** **83017491203**	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

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PREFERRED PEN NEEDLES:

Manufacturer	NDC	Product Description
Embecta Medical	**08290328203** **83017820303**	BD Ultra Fine Original Pen Needles 29G
Embecta Medical	**08290320119** **83017011903**	BD Ultra Fine Mini Pen Needles 31G
Embecta Medical	**08290320109** **83017010903**	BD Ultra Fine Short Pen Needles 31G
Embecta Medical	**08290320122** **83017012203**	BD Ultra Fine Nano Pen Needles 32G
Embecta Medical	**08290320749** **83017074903**	BD Ultra Fine Micro Pen Needles 32G
Embecta Medical	**08290320550** **83017055003**	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: *InPen's are limited to children up to 19 years of age*

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

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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

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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.

Updated: 4-16-2025