



**2021 Diabetic Supply Program Billing Information**

**Nevada Medicaid Pharmacy Benefit Preferred Products Coverage**

Effective January 1, 2021, the preferred products below are covered through the Pharmacy (provider type 28) benefit:

Preferred Blood Glucose Meters and Test Strips	
<p><b>Trividia Health™ TRUE Metrix®</b></p> <p><b>Meters:</b></p> <ul style="list-style-type: none"> <li>• TRUE Metrix® NDC: 56151-1470-02</li> <li>• TRUE Metrix® Air NDC: 56151-1490-02</li> </ul> <p><b>Test Strips:</b></p> <ul style="list-style-type: none"> <li>• TRUE Metrix® 100-Count NDC: 56151-1460-01</li> <li>• TRUE Metrix® 50-Count NDC: 56151-1460-04</li> </ul>	<p><b>LifeScan™ OneTouch®</b></p> <p><b>Meters:</b></p> <ul style="list-style-type: none"> <li>• OneTouch Ultra® 2 - NDC: 53885-0046-01</li> <li>• OneTouch UltraMini® - NDC: 53885-0208-01</li> <li>• OneTouch Ultra® 2 - NDC: 53885-0448-01</li> <li>• OneTouch Verio Flex® - NDC: 53885-0044-01</li> <li>• OneTouch Verio Flex® - NDC: 53885-0194-01</li> <li>• OneTouch Verio IQ® - NDC: 53885-0267-01</li> <li>• OneTouch Verio® - NDC: 53885-0657-01</li> <li>• OneTouch Verio Reflect® - NDC: 53885-0927-01</li> </ul> <p><b>Test Strips:</b></p> <ul style="list-style-type: none"> <li>• OneTouch Ultra® 25-Count - NDC: 53885-0994-25</li> <li>• OneTouch Ultra® 50-Count - NDC: 53885-0244-50</li> <li>• OneTouch Ultra® 100-Count - NDC: 53885-0245-10</li> <li>• OneTouch Verio® 25-Count - NDC: 53885-0270-25</li> <li>• OneTouch Verio® 50-Count - NDC: 53885-0271-50</li> <li>• OneTouch Verio® 100-Count - NDC: 53885-0272-10</li> </ul>
Preferred Continuous Glucose Monitors (CGMs)	
<p><b>Dexcom G6® CGM System</b></p> <ul style="list-style-type: none"> <li>• Dexcom G6® Transmitter Kit NDC: 08627-0016-01</li> <li>• Dexcom G6® Sensor 3-Pack NDC: 08627-0053-03</li> <li>• Dexcom G6® Receiver Kit NDC: 08627-0091-11</li> </ul>	<p><b>Abbott FreeStyle Libre® CGM System</b></p> <ul style="list-style-type: none"> <li>• FreeStyle Libre® Reader – NDC: 57599-0000-21</li> <li>• FreeStyle Libre® 14-Day Reader - NDC: 57599-0002-00</li> <li>• FreeStyle Libre 2® Reader - NDC: 57599-0803-00</li> <li>• FreeStyle Libre® Sensor - NDC: 57599-0000-19</li> <li>• FreeStyle Libre® 14-Day Sensor - NDC: 57599-0001-01</li> <li>• FreeStyle Libre 2® Sensor - NDC: 57599-0800-00</li> </ul>
Preferred Insulin Delivery System	
<p><b>Omnipod® DASH® 5 System</b></p> <ul style="list-style-type: none"> <li>• Omnipod DASH® Pods 5-Pack - NDC: 08508-2000-05</li> </ul>	
Preferred Lancets	
<p><b>All brands of lancets are covered through the Pharmacy benefit, including the following:</b></p> <ul style="list-style-type: none"> <li>• OneTouch Delica Plus® 33-Gauge Lancets 100-Count – NDC: 53885-0008-10</li> <li>• OneTouch Delica Plus® 30-Gauge Lancets 100-Count – NDC: 53885-0011-10</li> <li>• OneTouch Delica® 33-Gauge Lancets 100-Count – NDC: 53885-0136-10</li> <li>• OneTouch UltraSoft® Lancets 100-Count – NDC: 53885-0393-10</li> <li>• OneTouch Delica® 30-Gauge Lancets 100-Count – NDC: 53885-0595-01</li> </ul>	



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### Resources:

- Prior Authorization Forms: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx> under “Diabetic Supply Forms.”
- Quantity Limits: <https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>
- Medicaid Services Manual (MSM) Policy:
  - Pharmacy (PT 28):  
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>
  - DMEPOS (PT 33):  
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1300/Chapter1300/>

**Please note: Recipients who are legally blind may obtain specialized monitors through the prior authorization process.**