



2022 Diabetic Supply Program Billing Information

Nevada Medicaid Pharmacy Benefit Preferred Products Coverage

Effective April 1, 2022, the preferred products below are covered through the Pharmacy (provider type 28) benefit:

Preferred Blood Glucose Meters and Test Strips	
<p>Trividia Health™ TRUE Metrix®</p> <p>Meters:</p> <ul style="list-style-type: none"> • TRUE Metrix® NDC: 56151-1470-02 • TRUE Metrix® Air NDC: 56151-1490-02 <p>Test Strips:</p> <ul style="list-style-type: none"> • TRUE Metrix® 100-Count NDC: 56151-1460-01 • TRUE Metrix® 50-Count NDC: 56151-1460-04 	<p>LifeScan™ OneTouch®</p> <p>Meters:</p> <ul style="list-style-type: none"> • OneTouch Ultra® 2 - NDC: 53885-0046-01 • OneTouch UltraMini® - NDC: 53885-0208-01 • OneTouch Ultra® 2 - NDC: 53885-0448-01 • OneTouch Verio Flex® - NDC: 53885-0044-01 • OneTouch Verio Flex® - NDC: 53885-0194-01 • OneTouch Verio IQ® - NDC: 53885-0267-01 • OneTouch Verio® - NDC: 53885-0657-01 • OneTouch Verio Reflect® - NDC: 53885-0927-01 <p>Test Strips:</p> <ul style="list-style-type: none"> • OneTouch Ultra® 25-Count - NDC: 53885-0994-25 • OneTouch Ultra® 50-Count - NDC: 53885-0244-50 • OneTouch Ultra® 100-Count - NDC: 53885-0245-10 • OneTouch Verio® 25-Count - NDC: 53885-0270-25 • OneTouch Verio® 50-Count - NDC: 53885-0271-50 • OneTouch Verio® 100-Count - NDC: 53885-0272-10
Preferred Continuous Glucose Monitors (CGMs)	
<p>Dexcom G6® CGM System</p> <ul style="list-style-type: none"> • Dexcom G6® Transmitter Kit NDC: 08627-0016-01 • Dexcom G6® Sensor 3-Pack NDC: 08627-0053-03 • Dexcom G6® Receiver Kit NDC: 08627-0091-11 	<p>Abbott FreeStyle Libre® CGM System</p> <ul style="list-style-type: none"> • FreeStyle Libre® Reader - NDC: 57599-0000-21 • FreeStyle Libre® 14-Day Reader - NDC: 57599-0002-00 • FreeStyle Libre 2® Reader - NDC: 57599-0803-00 • FreeStyle Libre® Sensor - NDC: 57599-0000-19 • FreeStyle Libre® 14-Day Sensor - NDC: 57599-0001-01 • FreeStyle Libre 2® Sensor - NDC: 57599-0800-00
Preferred Insulin Delivery System	
<p>Omnipod® DASH® 5 System</p> <ul style="list-style-type: none"> • Omnipod DASH® Pods 5-Pack - NDC: 08508-2000-05 • Omnipod DASH® Intro Kit (Gen 4) - NDC: 08508-2000-32 • Omnipod 5 G6® Intro Kit (Gen 5) - NDC: 08508-3000-01 • Omnipod 5 G6® (Gen 5) - NDC: 08508-3000-21 	



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Preferred Lancets

All brands of lancets are covered through the Pharmacy benefit, including the following:

- OneTouch Delica Plus® 33-Gauge Lancets 100-Count - NDC: 53885-0008-10
- OneTouch Delica Plus® 30-Gauge Lancets 100-Count - NDC: 53885-0011-10
- OneTouch Delica® 33-Gauge Lancets 100-Count - NDC: 53885-0136-10
- OneTouch Ultrasoft® Lancets 100-Count - NDC: 53885-0393-10
- OneTouch Delica® 30-Gauge Lancets 100-Count - NDC: 53885-0595-01

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://dhcftp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>
 - DMEPOS (PT 33):
<http://dhcftp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1300/Chapter1300/>

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