



Diabetic Supply Program Policy Frequently Asked Questions (FAQs)

Question 1: What are the preferred products billable through pharmacy point-of-sale (POS)?

Preferred diabetic products for 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)		Preferred Insulin Delivery System
<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 	<p>The Omnipod DASH™ 5 System</p> <ul style="list-style-type: none"> • Omnipod DASH® 5 pack Pods NDC: 08508-2000-05 • Omnipod DASH® Intro Kit (Gen4) NDC: 08508-2000-32 • Omnipod 5 G6® Intro Kit (Gen 5) NDC: 08508-3000-01 • Omnipod 5 G6® Pods (Gen 5) NDC: 08508-3000-21
<p>** CGMs and Insulin Delivery Systems are limited to patients with a diagnosis of Diabetes Mellitus Type I or Gestational Diabetes.</p>		
Preferred Lancets		
<p>All brands of lancets are covered through the Pharmacy benefit, including the following:</p> <ul style="list-style-type: none"> • 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 		



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Question 2: Are preferred products accessible to all diabetic recipients?

Answer: No. Continuous Glucose Monitors (CGMs) and Insulin Delivery Systems are limited to recipients with a diagnosis of type I (DM1) or gestational diabetes. Blood Glucose monitors with special features (e.g., voice synthesizers) require a prior authorization. For special glucose monitors, a diagnosis and a statement from the physician documenting the impairment are required.

Refer to Nevada Medicaid Services Manual Chapter [1200 – Prescribed Drugs](#) for policy information.

Question 3: How do I request one of the preferred products through the pharmacy benefit?

Answer: A prescription for the desired product and a prior authorization are needed to receive any preferred insulin system/pump or CGM. Prior authorization forms can be found at: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx> under “Diabetic Supply Forms.”

Preferred diabetic supplies (including sensors and transmitters) do not require prior authorization; however, a diagnosis of type I (DM1) or gestational diabetes is required, and recipients must meet all age restrictions stated on the manufacturer’s label.

Question 4: How long does it take for a prior authorization to be approved once submitted?

Answer: The prior authorization process for Medicaid Fee-for-Service (FFS) on average is less than four hours, but must be completed before 24 hours from receipt of prior authorization request.

Question 5: What is the day supply allowed for diabetic supplies through the pharmacy benefit?

Answer: Pharmacy benefits allow a 100-day supply for insulin system and CGM supplies. For more detailed information on quantity limits, refer to: <https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>

Question 6: How do I request a nonpreferred (not listed above) insulin pump or CGM receiver through the pharmacy benefit?

Answer: Nonpreferred insulin pumps or CGM receivers or readers require clinical and nonpreferred prior authorization approval. Prior authorization forms can be found at: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx> under “Diabetic Supply Forms.”

Nonpreferred diabetic supplies (tubing, reservoirs for pumps, transmitters and sensors for CGMs) do not require prior authorization; however, a diagnosis of type I (DM1) or gestational diabetes is required, and the recipient must meet all age restrictions stated on the manufacturer’s label.



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Question 7: My patient currently uses a product by Medtronic / Tandem® or has an approved prior authorization for a nonpreferred product, how can they obtain the needed supplies through the pharmacy benefit?

Answer: Advanced Diabetic Supply (ADS) is assisting Nevada Medicaid / Nevada Check Up FFS recipients with obtaining nonpreferred supplies through the pharmacy benefit. Their pharmacy benefit offers trained pharmacists on staff for recipient questions and support.

Advanced Diabetes Supply contact information:

Phone: 877-869-1298 | Fax: 877-869-2027 | Email: pump@northcoastmed.com

Additionally, recipients can continue to receive supplies through the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) benefit. **Please note:** *CGMs and tubeless insulin systems are not billable under DMEPOS and are only billable under the pharmacy benefit.*

Question 8: Who can I contact for additional information or assistance?

Answer: For assistance in completing a prior authorization or for pharmacy POS billing questions, please contact the OptumRx Technical Call Center at (866) 244-8554.

For detailed prior authorization policy information, you can visit:

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/>