

MO HEALTHNET DIABETIC SUPPLIES MANAGEMENT

Effective **April 1st, 2022 – March 31, 2023**

- ✓ Requests for products other than the referenced products will be reviewed on an individual patient basis and evaluated for medical necessity. The authorized prescriber may request prior authorization, by calling the Pharmacy Administration at 573-751- 6963, or by faxing the [Diabetic Supplies Prior Authorization Form](#) to 573-636-6470.
- ✓ NDC numbers will be required for the billing of all diabetic supplies through the Point-of- Sale system.
- ✓ For nursing home patients, diabetic testing supplies are covered under the nursing home per diem rate and should not be billed to MO HealthNet. (State Regulation 13 CSR 70-10.010)
- ✓ The pricing of diabetic supplies will follow the same methodology as other pharmacy products.

GLUCOMETERS, BG TEST STRIPS, LANCETS and KETONE STRIPS			
MANUFACTURER	Label Name	Pkg Size	NDC
LIFESCAN	ONETOUCH VERIO TEST STRIP	25	53885-0270-25
LIFESCAN	ONETOUCH VERIO TEST STRIP	50	53885-0271-50
LIFESCAN	ONETOUCH VERIO TEST STRIP	100	53885-0272-10
LIFESCAN	ONETOUCH ULTRA BLUE TEST STRP	25	53885-0994-25
LIFESCAN	ONETOUCH ULTRA BLUE TEST STRP	50	53885-0244-50
LIFESCAN	ONETOUCH ULTRA BLUE TEST STRP	100	53885-0245-10
LIFESCAN	ONETOUCH DELICA 30G LANCETS	100	53885-0595-01
LIFESCAN	ONETOUCH DELICA 33G LANCETS	100	53885-0136-10
LIFESCAN	ONETOUCH ULTRASOFT LANCETS	100	53885-0393-10
LIFESCAN	ONETOUCH DELICA PLUS 30G LANCT	100	53885-0011-10
LIFESCAN	ONETOUCH DELICA PLUS 33G LANCT	100	53885-0008-10
LIFESCAN	ONETOUCH VERIO FLEX METER	1	53885-0194-01
LIFESCAN	ONETOUCH VERIO METER	1	53885-0657-01
LIFESCAN	ONETOUCH VERIO IQ METER	1	53885-0267-01
LIFESCAN	ONETOUCH ULTRA2 GLUCOSE SYST	1	53885-0448-01
LIFESCAN	ONETOUCH ULTRAMINI METER	1	53885-0208-01
LIFESCAN	ONETOUCH ULTRA2 GLUCOSE SYST	1	53885-0046-01
LIFESCAN	ONETOUCH VERIO FLEX METER	1	53885-0044-01
LIFESCAN	ONETOUCH VERIO REFLECT METER	1	53885-0927-01

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PEN NEEDLES			
MANUFACTURER	Label Name	Pkg Size	NDC
ARKRAY USA	TECHLITE PEN NEEDLE 31GX1/4"	100	08317-2361-31
ARKRAY USA	TECHLITE PEN NEEDLE 31GX5/16"	100	08317-2381-31
ARKRAY USA	TECHLITE PEN NEEDLE 32GX5/32"	100	08317-2341-32
ARKRAY USA	TECHLITE PEN NEEDLE 32GX1/4"	100	08317-2361-32
ARKRAY USA	TECHLITE PEN NEEDLE 32GX5/16"	100	08317-2381-32
ARKRAY USA	TECHLITE PEN NEEDLE 29GX1/2"	100	08317-2321-29
ARKRAY USA	TECHLITE PEN NEEDLE 31GX3/16"	100	08317-2351-31
OWEN MUMFORD US	PENTIPS PEN NEEDLE 32GX5/32"	100	08470-3440-01
OWEN MUMFORD US	PENTIPS PEN NEEDLE 31GX3/16"	100	08470-3450-01
OWEN MUMFORD US	PENTIPS PEN NEEDLE 6MM 31G	100	08470-3490-01
OWEN MUMFORD US	PENTIPS PEN NEEDLE 31GX5/16"	100	08470-3430-01
OWEN MUMFORD US	PENTIPS PEN NEEDLE 29GX1/2"	100	08470-3429-01
SYRINGES			
MANUFACTURER	Label Name	Pkg Size	NDC
BD DIABETES	BD VEO INS SYRN 0.3 ML 6MMX31G	100	08290-3249-09
BD DIABETES	BD VEO INS 0.3ML 6MMX31G (1/2)	100	08290-3249-10
BD DIABETES	BD VEO INS SYRN 0.5 ML 6MMX31G	100	08290-3249-11
BD DIABETES	BD VEO INS SYRING 1 ML 6MMX31G	100	08290-3249-12
BD DIABETES	BD INS SYR U-500 1/2ML 6MMX31G	100	08290-3267-30
BD DIABETES	BD INSULIN SYR UF 1 ML 8MMX31G	100	08290-3284-18
BD DIABETES	BD INS SYRNG UF 0.3 ML 8MMX31G	100	08290-3284-38
BD DIABETES	BD INS SYR 0.3 ML 8MMX31G(1/2)	100	08290-3284-40
BD DIABETES	BD INS SYR UF 0.5ML 12.7MMX30G	100	08290-3284-66
BD DIABETES	BD INS SYRNG UF 0.5 ML 8MMX31G	100	08290-3284-68
BD DIABETES	BD INS SYR UF 0.3ML 12.7MMX30G	100	08290-3284-31
BD DIABETES	BD INS SYRN UF 1 ML 12.7MMX30G	100	08290-3284-11
MISCELLANEOUS ITEMS			
MANUFACTURER	Label Name	Pkg Size	NDC
TRIVIDIA HEALTH, INC.	TRUEPLUS URINE KETONE TEST STRIPS	50	56151-0601-50
BAYER HEALTHCARE	DIASTIX REAGENT STRIPS	50	00193-2802-50
BAYER HEALTHCARE	DIASTIX REAGENT STRIPS	100	00193-2802-21
BAYER HEALTHCARE	DIASTIX REAGENT STRIPS	100	01932-0803-21
BAYER HEALTHCARE	DIASTIX REAGENT STRIPS	50	01932-0806-50

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CONTINUOUS GLUCOSE MONITORING (CGM) DEVICES and SUPPLIES*			
MANUFACTURER	Label Name	Pkg Size	NDC
DEXCOM, INC.	DEXCOM G6 SENSOR	3	08627-0053-03
DEXCOM, INC.	DEXCOM G6 TRANSMITTER	1	08627-0016-01
DEXCOM, INC.	DEXCOM G6 RECEIVER	1	08627-0091-11
<i>*Clinical Criteria and Quantity Limits may apply</i>			
TUBELESS INSULIN PUMPS**			
MANUFACTURER	Label Name	Pkg Size	NDC
INSULET CORP.	OMNIPOD DASH INTRO KIT (GEN 4)	1 kit	08508-2000-32
INSULET CORP.	OMNIPOD DASH INTRO KIT	1 kit	08508-2000-11
INSULET CORP.	OMNIPOD DASH 5 PACK POD	5	08508-2000-05
INSULET CORP.	OMNIPOD 5 PACK POD	5	08508-1120-05
INSULET CORP.	OMNIPOD STARTER KIT	1 kit	08508-1140-02
INSULET CORP.	OP5D OMNIPOD 5 INTRO KIT	1 kit	08508-3000-01
INSULET CORP.	OP5D OMNIPOD 5 REFILL 5 PACK PODS	5	08508-3000-21
<i>** Clinical Criteria and Quantity Limits may apply</i>			