Louisiana Medicaid Diabetic Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

- Effective October 28, 2023, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) will reimburse continuous glucose monitors and other diabetic supplies as a pharmacy benefit. This updated policy applies to pharmacy claims submitted to FFS and Magellan Rx Management *(MCOs – Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).*

- Effective with dates of service on or after December 1, 2023, the following list of diabetic supplies will be reimbursed as a pharmacy benefit only. Durable Medical Equipment (DME) claims will deny.

    - Blood Glucose Meters
    - Blood Glucose Meter Control Solution
    - Blood Glucose Meter Test Strips
    - Continuous Glucose Monitors
    - External Insulin Pumps (e.g. Cequr Simplicity™, Omnipod® and V-Go®)
    - Ketone Test Strips
    - Lancets and Lancing Devices
    - Pen Needles
    - Reusable Insulin Pens
    - Syringes

Pharmacy Prior Authorization Information Phone Numbers for MCOs and FFS
MCOs: Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Humana, LA Healthcare Connections, United Healthcare: contact Magellan Medicaid Administration **1-800-424-1664** Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 28, 2023** ***(updated 3/15/24)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	HUMANA TRUE METRIX AIR METER	ACCU-CHEK® GUIDE ME® GLUCOSE METER
Blood Glucose Meters	ONETOUCH® ULTRA® 2 GLUCOSE SYSTEM	ACCU-CHEK® GUIDE® MONITOR SYSTEM
*Request Form	ONETOUCH® VERIO FLEX® METER	BLOOD GLUCOSE MONITORING SYSTEM (Various Manufacturers)
*Criteria	RELION™ TRUE METRIX AIR GLUCOSE METER	CLEVER CHOICE™ BLOOD GLUCOSE SYSTEM
*POS Edits	TRUE METRIX AIR GLUCOSE METER	CLEVER CHOICE™ GLUCOSE MONITOR
	TRUE METRIX BLOOD GLUCOSE METER	CLEVER CHOICE™ HD GLUCOSE SYSTEM
		CONTOUR® METER; METER SYSTEM
		CONTOUR® NEXT EZ® METER; METER SYSTEM
		CONTOUR® NEXT GEN® METER; METER KIT
		CONTOUR® NEXT ONE® METER
		FREESTYLE® FREEDOM LITE® METER
		FREESTYLE® LITE® METER
		FREESTYLE® PRECISION NEO® METER
		GLUCOCARD SHINE® CONNEX® METER
		GLUCOCARD SHINE® EXPRESS® METER
		GLUCOCARD SHINE® METER; METER KIT
		GLUCOCARD SHINE® XL METER
		ONETOUCH® ULTRAMINI® METER
		ONETOUCH® VERIO FLEX® STARTER KIT
		ONETOUCH® VERIO IQ® METER
		ONETOUCH® VERIO® METER
		ONETOUCH® VERIO REFLECT® METER
		POGO® AUTOMATIC BLOOD GLUCOSE SYSTEM
		PRECISION XTRA® MONITOR
		PRODIGY® AUTOCODE® METER KIT
		PRODIGY® POCKET® METER KIT
		PRODIGY® VOICE® METER KIT

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 28, 2023** ***(updated 3/15/24)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	ONETOUCH® ULTRA® CONTROL SOLUTION	ACCU-CHEK® AVIVA® SOLUTION
Blood Glucose Meter Control Solutions	ONETOUCH® VERIO® LEVEL 3 (MID) CONTROL SOLUTION	ACCU-CHEK® GUIDE® CONTROL SOLUTION LEVEL 1/2
*Request Form	TRUE METRIX CONTROL SOLUTION LEVEL 1/2/3	ACCU-CHEK® SMARTVIEW® CONTRL SOL
*Criteria		CLEVER CHOICE™ CONTROL SOLUTION LEVEL 1/2/3
*POS Edits		GLUCOCARD SHINE® CONTROL SOLUTION
		PRODIGY® CONTROL SOLUTION LOW
DIABETES	GNP® TRUE METRIX TEST STRIPS	ACCU-CHEK® AVIVA® PLUS TEST STRIPS
Blood Glucose Meter Test Strips	HUMANA TRUE METRIX TEST STRIPS	ACCU-CHEK® GUIDE® TEST STRIPS
*Request Form	ONETOUCH® ULTRA® TEST STRIPS	ACCU-CHEK® SMARTVIEW® TEST STRIPS
*Criteria	ONETOUCH® VERIO® TEST STRIPS	BLOOD GLUCOSE TEST STRIPS (Various Manufacturers)
*POS Edits	RELION™ TRUE METRIX TEST STRIPS	CONTOUR® NEXT® TEST STRIPS
	TRUE METRIX GLUCOSE TEST STRIPS	CONTOUR® TEST STRIPS
		EQUATE BLOOD GLUCOSE TEST STRIPS
		FREESTYLE® INSULINX® TEST STRIPS
		FREESTYLE® LITE® TEST STRIPS
		FREESTYLE® PRECISION NEO® TEST STRIPS
		FREESTYLE® TEST STRIPS
		GLUCOCARD SHINE® TEST STRIPS
		PHARMACIST CHOICE TEST STRIPS
		PRECISION XTRA® TEST STRIPS
		PRODIGY® NO CODING TEST STRIPS
		RELION™ PRIME TEST STRIPS
		TRUE METRIX PRO TEST STRIP
		TRUETRACK® GLUCOSE TEST STRIPS

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 28, 2023** ***(updated 3/15/24)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	DEXCOM® G6 RECEIVER, SENSOR & TRANSMITTER	GUARDIAN™ 4 GLUCOSE SENSOR & TRANSMITTER
Continuous Blood Glucose Monitors	DEXCOM® G7 RECEIVER & SENSOR	GUARDIAN™ CONNECT™ TRANSMITTER
*Request Form	FREESTYLE® LIBRE ®14 DAY READER & SENSOR	GUARDIAN™ LINK 3 TRANSMITTER
*Criteria	FREESTYLE® LIBRE ®2 READER & SENSOR	GUARDIAN™ SENSOR 3
*POS Edits	FREESTYLE® LIBRE ®3 READER & SENSOR	
DIABETES	CEQUR SIMPLICITY™ 2 UNIT PATCH	OMNIPOD® GO™ 10 UNIT/DAY PODS
External Insulin Pumps	OMNIPOD® 5 G6-G7 INTRO KIT (GEN 5)	OMNIPOD® GO™ 15 UNIT/DAY PODS
*Request Form	OMNIPOD® 5 G6-G7 PODS (GEN 5) 5PK	OMNIPOD® GO™ 20 UNIT/DAY PODS
*Criteria	OMNIPOD® DASH® PODS (GEN 4) 5PK	OMNIPOD® GO™ 25 UNIT/DAY PODS
*POS Edits		OMNIPOD® GO™ 30 UNIT/DAY PODS
		OMNIPOD® GO™ 35 UNIT/DAY PODS
		OMNIPOD® GO™ 40 UNIT/DAY PODS
		OMNIPOD® DASH® INTRO KIT (GEN 4)
		OMNIPOD® CLASSIC PODS (GEN 3) 5PK
		V-GO® 20 DISPOSABLE DEVICE
		V-GO® 30 DISPOSABLE DEVICE
		V-GO® 40 DISPOSABLE DEVICE
DIABETES	PRECISION XTR® β-KETONE STRIP	NONE
Ketone Test Strips		
*Request Form		
*Criteria		
*POS Edits		

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 28, 2023** ***(updated 3/15/24)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	ONETOUCH® DELICA® PLUS LANCETS	ACCU-CHEK® FASTCLIX LANCET DRUM
Lancets and Lancing Devices	ONETOUCH® ULTRASOFT® LANCETS	ACCU-CHEK® FASTCLIX LANCING DEVICE
*Request Form	ONETOUCH® ULTRASOFT® 2 LANCETS	ACCU-CHEK® SOFTCLIX LANCET KIT
*Criteria	TRUEPLUS® LANCETS	ACCU-CHEK® SOFTCLIX LANCETS
*POS Edits	TRUEPLUS® SAFETY LANCETS	AIMSCO® LANCET DEVICE
	TRUEPLUS® SUPER THIN LANCETS	ASSURE® COMFORT LANCETS
	TRUEPLUS® ULTRA THIN LANCETS	AUTOLET® IMPRESSION LANCING DEVICE
	TRUEDRAW™ LANCING DEVICE	BD LANCETS
		BD ULTRA-FINE™ II LANCETS
		COMFORT EZ™ PRESSURE ACTIVATED LANCETS
		COMFORT EZ™ SAFETY LANCETS
		CVS MICRO THIN LANCETS
		CVS THIN LANCETS
		CVS ULTRA THIN LANCETS
		EASY TOUCH® LANCING DEVICE
		EASY TOUCH® PULL-TOP LANCETS
		EASY TOUCH® SAFETY LANCETS
		EASY TOUCH® TWIST LANCETS
		EMBRACE® SAFETY LANCETS
		EMBRACE® LANCETS
		E-ZJECT® THIN LANCETS
		FREESTYLE® LANCETS
		GE® LANCING DEVICE
		GNP® LANCING SYSTEM DEVICE
		GNP® UNIVERSAL 1® STANDARD LANCETS
		GOODSENSE® UNIVERSAL 1® MICRO THIN LANCETS
		HEB INCONTROL™ MICRO THIN LANCETS

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	(Preferred agents listed on page 4)	HEB INCONTROL™ SUPER THIN LANCETS
Lancets and Lancing Devices Continued		HM MICRO THIN LANCETS
		INJECT-EASE® LANCETS
		INVACARE® LANCING DEVICE
		KROGER UNIVERSAL 1 THIN LANCETS
		KROGER SUPER THIN LANCETS
		LANCETS (Various Manufacturers)
		LANCETS ULTRA FINE (Various Manufacturers)
		LANCING DEVICE (Various Manufacturers)
		MEIJER® LANCETS
		MEIJER® UNIVERSAL 1 LANCETS
		MICROLET® LANCETS
		ONE TOUCH® DELICA® LANCETS
		ONETOUCH® DELICA® PLUS LANCING DEVICE
		PC SUPER THIN LANCETS
		PHARMACIST CHOICE LANCETS
		POGO® AUTOMATIC TEST CARTRIDGE
		PREFERRED PLUS® COLORED LANCETS
		PREFERRED PLUS® LANCETS
		PREFERRED PLUS® THIN LANCETS
		PRODIGY® LANCING DEVICE
		PRODIGY® PRESSURE ACTIVATED LANCETS
		PRODIGY® SAFETY LANCETS
		PRODIGY® TWIST TOP LANCETS
		PUB LANCETS
		PUB MICRO THIN LANCETS
		PV UNILET® MICRO THIN LANCETS
		PV UNILET® SUPER THIN LANCETS

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	(Preferred agents listed on page 4)	QC UNILET® SUPER THIN LANCETS
Lancets and Lancing Devices Continued		RELION™ LANCING DEVICE
		RELION™ THIN LANCETS
		RELION™ ULTRA THIN LANCETS
		SAPS® CARE LANCETS
		SAPS® TWIST TOP LANCET
		SIMPLE DIAGNOSTICS® E-Z PULL & CLICK LANCING DEVICE
		SIMPLE DIAGNSTICS® LANCET DEVICE
		SM MICRO THIN LANCETS
		STERILANCE® TWIST LANCETS
		SURE COMFORT™ LANCETS
		SURE COMFORT™ LANCING PEN
		TECHLITE® LANCETS
		TODAY'S HEALTH LANCETS
		TARGET ULTRA THIN LANCETS
		UNILET® COMFORTOUCH® LANCETS
		UNILET® GP LANCET
		UNILET® LANCET
		UNILET® MICRO THIN LANCET
		UNILET® SUPER THIN LANCETS
		UNILET® ULTRA THIN LANCETS
		UNISTIK® 3 LANCING DEVICE
		UNISTIK® 3 COMFORT LANCING DEVICE
		UNISTIK® 3 COMFORT LANCETS
		UNISTIK® 3 EXTRA LANCETS
		UNISTIK® 3 GENTLE LANCETS
		UNISTIK® 3 NORMAL LANCETS
		UNISTIK® 3 SAFETY LANCETS

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 28, 2023** ***(updated 3/15/24)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	(Preferred agents listed on page 4)	UNIVERSAL 1® LANCETS
Lancets and Lancing Devices Continued		VALUE PLUS STANDARD LANCETS
		VALUE PLUS THIN LANCETS
		WALGREENS MICRO THIN LANCETS
		WALGREENS SUPER THIN LANCETS
		WALGREENS ULTRA THIN LANCETS
DIABETES	BD ECLIPSE™ NEEDLES	BD AUTOSHIELD™ DUO NEEDLE
Pen Needles	BD NANO™ 2ND GEN PEN NEEDLE	COMFORT EZ™ PEN NEEDLE
*Request Form	BD ULTRAFINE™ MICRO PEN NEEDLE	EASY COMFORT PEN NEEDLE
*Criteria	BD ULTRA-FINE™ MINI PEN NEEDLE	GNP® ULTICARE™ PEN NEEDLE
*POS Edits	BD ULTRA-FINE™ NANO PEN NEEDLE	HM ULTICARE™ PEN NEEDLE
	BD ULTRA-FINE™ ORIGINAL PEN NEEDLE	INCONTROL ULTICARE™ NEEDLE
	BD ULTRA-FINE™ SHORT PEN NEEDLE	ULTICARE™ PEN NEEDLE
	CAREONE® UNIFINE® PENTIPS®	YOURX ULTICARE™ PEN NEEDLE
	CARETOUCH® PEN NEEDLE	
	DROPLET® MICRON™ PEN NEEDLE	
	DROPLET® PEN NEEDLE	
	DROPSAFE® PEN NEEDLE	
	EASY TOUCH® PEN NEEDLE	
	FIFTY50® PEN NEEDLE	
	GOODSENSE® PEN NEEDLE	
	HEB UNIFINE® PENTIPS® PLUS	
	KRO PEN NEEDLE	

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 28, 2023** ***(updated 3/15/24)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	KROGER PEN NEEDLES	(Nonpreferred agents listed on page 7)
Pen Needles Continued	NOVOFINE® PEN NEEDLES	
	PC UNIFINE® PENTIPS®	
	PEN NEEDLE (Various Manufacturers)	
	PENTIPS® PEN NEEDLE	
	PUB UNIFINE® PENTIPS® PLUS	
	PV UNIFINE® PENTIPS® PLUS	
	RITE AID PEN NEEDLE	
	RELION™ PEN NEEDLE	
	SURE COMFORT™ PEN NEEDLE	
	TECHLITE® PEN NEEDLE	
	TRUEPLUS® PEN NEEDLE	
	UNIFINE® PENTIPS®	
	UNIFINE® SAFECONTROL	
	UNIFINE® ULTRA PEN NEEDLE	
	WM UNIFINE® PENTIPS® PLUS	
DIABETES	NONE	INPEN® (FOR HUMALOG®) BLUE, GREY, PINK
Reusable Insulin Pens		INPEN® (NOVOLOG® OR FIASP®) BLUE, GREY, PINK
*Request Form *Criteria *POS Edits		

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 28, 2023** ***(updated 3/15/24)***

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	BD INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	ADVOCATE® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML
Insulin Syringes	BD ULTRA-FINE™ INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	BD 3ML SYRINGE WITH NEEDLE
*Request Form	BD U-500 INSULIN SYRINGE 0.5ML	BD INTEGRA™ SYRINGE 3ML
*Criteria	BD SAFETYGLIDE™ INSULIN SYRINGE 0.5ML; 1 ML	BD LUER-LOK™ INSULIN SYRINGE 1ML
*POS Edits	BD VEO™ INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	BD LUER-SLIP™ INSULIN SYRINGE 1ML
	CA INSULIN SYRINGE 0.3ML	BD SAFETYGLIDE™ INSULIN SYRINGE 0.3ML; 0.5ML; 1ML
	CAREONE® INSULIN SYRINGE 0.5ML	BD TUBERCULIN SYRINGE 21G 1”
	DROPLET® INSULIN SYRINGE 0.3ML; 0.5 ML; 1ML	BD LUER-SLIP® TUBERCULIN 1ML SYRINGE
	DRUG MART ULTRA COMFORT® INSULIN SYRINGE	COMFORT EZ™ INSULIN SYRINGE 0.3ML; 0.5ML; 1ML
	EASY TOUCH® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	EASY COMFORT INSULIN SYRINGE 0.5ML; 1ML
	EXEL U100 INSULIN SYRINGE 0.5 ML; 1ML	HEALTHWISE® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML
	GNP® INSULIN SYRINGE 0.5 ML; 1ML	INSULIN SYRINGE 0.3ML; 0.5ML; 1ML (Ultimed 10-pk)
	GNP® ULTRA COMFORT® INSULIN SYRINGE 0.5 ML	ULTICARE™ INSULIN SYRINGE 0.3ML; 0.5ML; 1ML
	INSULIN SYRINGE 0.3ML; 0.5ML; 1 ML (Various Manufacturers)	ULTICARE™ LDS SYRINGE 1 ML; 3ML
	KINRAY™ INSULIN SYRINGE 0.3ML; 0.5ML; 1 ML	ULTICARE™ SAFETY INSULIN SYRINGE 0.5ML; 1ML; 3ML
	KMART™ VALU PLUS INSULIN SYRINGE 1ML	ULTICARE™ TB SAFETY 1ML SYRINGE
	LEADER® INSULIN SYRINGE 1ML	
	MS INSULIN SYRINGE 1ML	
	PREFERRED PLUS® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	
	PRODIGY® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	
	RITE AID INSULIN SYRINGE 1ML	
	RELION™ INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	
	SURE COMFORT™ INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	
	TECHLITE® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	
	TRUEPLUS® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	
	ULTRA COMFORT® INSULIN SYRINGE 0.5ML; 1ML	
	ULTRA-THIN II® INSULIN SYRINGE 0.3ML; 0.5ML; 1ML	