

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 Prime Therapeutics State Government Solutions LLC (*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

Prime Therapeutics State Government Solutions LLC **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 1, 2024 (updated 5/1/25)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
DIABETES	CONTOUR®	ACCU-CHEK®
Blood Glucose Meters	TRUE METRIX® AIR**	CLEVER CHEK®
*Request Form *Criteria *POS Edits **List of NDC's can be found at THIS LINK	TRUE METRIX®**	CLEVER CHOICE™
		FORA® V12
		FREESTYLE®
		GLUCOCARD®
		PHARMACIST CHOICE
		PRECISION XTRA®
		PRODIGY®
		TRUE METRIX® AIR**
		TRUE METRIX®**
DIABETES	TRUE METRIX®	ACCU-CHEK®
Blood Glucose Meter Control Solutions		CLEVER CHOICE™
*Request Form		FORA®
*Criteria		GLUCOCARD SHINE®
*POS Edits		PRODIGY®
DIABETES	CONTOUR®	ACCU-CHEK®
Blood Glucose Meter Test Strips	TRUE METRIX®**	BLOOD GLUCOSE TEST STRIPS (Various Manufacturers)
*Request Form *Criteria *POS Edits **List of NDC's can be found at THIS LINK		CLEVER CHOICE™
		EASY PLUS II
		EASY TOUCH®
		EMBRACE® TALK
		FORA® VD10

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: October 1, 2024 (updated 5/1/25)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
Blood Glucose Meter Test Strips Continued	(Preferred products listed on page 1)	FREESTYLE®
		GE100
		GLUCOCARD®
		HEALTHPRO™
		INFINITY®
		PHARMACIST CHOICE
		PRECISION XTRA®
		PRODIGY® NO CODING
		RELION™ PRIME
		TRUE METRIX® PRO
		TRUE METRIX®**
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 2 PLUS SENSOR	
	FREESTYLE® LIBRE ®3 READER & SENSOR	
	FREESTYLE® LIBRE ®3 PLUS SENSOR	
DIABETES	CEQR SIMPLICITY™ 2 UNIT PATCH	ILET® BIONIC PANCREAS
External Insulin Pumps	CEQR SIMPLICITY™ INSERTER	ILET® INFUSION KIT
*Request Form	OMNIPOD®5 G6 PODS (GEN 5) 5PK	OMNIPOD® CLASSIC PODS (GEN 3) 5PK
*Criteria	OMNIPOD®5 G6 INTRO KIT (GEN 5)	V-GO® DISPOSABLE DEVICE
*POS Edits	OMNIPOD® 5 G6-G7 INTRO KIT (GEN 5)	

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: October 1, 2024 (updated 5/1/25)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
External Insulin Pumps Continued	OMNIPOD® 5 G6-G7 PODS (GEN 5) 5PK	(Non-preferred products listed on page 2)
	OMNIPOD® 5 INTRO (G6/LIBRE 2 PLUS)	
	OMNIPOD® 5 (G6/LIBRE 2 PLUS)	
	OMNIPOD® DASH® PODS (GEN 4) 5PK	
	OMNIPOD® DASH® INTRO KIT (GEN 4)	
	OMNIPOD® GO™ PODS	
DIABETES	PRECISION XTRA® β-KETONE	NONE
Ketone Test Strips		
* Request Form		
* Criteria		
* POS Edits		
DIABETES	TRUEPLUS® LANCETS	ACCU-CHEK® LANCING DEVICE
Lancets and Lancing Devices	TRUEDRAW™ LANCING DEVICE	ACCU-CHEK® LANCETS
* Request Form		AUTOLET® IMPRESSION LANCING DEVICE
* Criteria		CLEVER CHEK® LANCETS
* POS Edits		COMFORT EZ™ LANCETS
		EASY TOUCH® LANCING DEVICE
		EASY TOUCH® LANCETS
		EMBRACE® LANCETS
		E-ZJECT® LANCETS
		FINGERSTIX LANCETS
		FORA® LANCETS
		FORA® LANCING DEVICE
		FORACARE LANCETS
		FREESTYLE® LANCETS

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: October 1, 2024 (updated 5/1/25)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
Lancets and Lancing Devices Continued	(Preferred products listed on page 3)	INJECT-EASE® LANCETS LANCETS (Various Manufacturers) LANCING DEVICE (Various Manufacturers) MICROLET® LANCETS PRODIGY® LANCING DEVICE PRODIGY® LANCETS RELIAMED® LANCETS SURE COMFORT™ LANCETS SURE COMFORT™ LANCING PEN TECHLITE® LANCETS TELCARE™ LANCETS ULTILET® CLASSIC LANCETS UNILET® LANCETS UNISTIK® LANCING DEVICE UNISTIK® LANCETS
DIABETES	BD ECLIPSE™	BD AUTOSHIELD™ DUO
Pen Needles	BD NANO™ 2ND GEN	COMFORT EZ™
*Request Form *Criteria *POS Edits	BD ULTRAFINE™ DROPLET® DROPSAFE® EASY TOUCH® NOVOFINE® PEN NEEDLE (Various Manufacturers) PENTIPS® SURE COMFORT™ TECHLITE®	EASY COMFORT EMBRACE® INSULIN PEN NEEDLE (COMFORT POINT) INSUPEN® MINI PEN NEEDLE OTC NOVOFINE® PLUS TRUE COMFORT SAFETY ULTICARE™ VERIFINE®

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: October 1, 2024 (updated 5/1/25)

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
Pen Needles Continued	TRUEPLUS®	(Non-preferred products listed on page 4)
	UNIFINE®	
DIABETES	NONE	INPEN® (FOR HUMALOG®) BLUE, GREY, PINK
Reusable Insulin Pens		INPEN® (NOVOLOG® OR FIASP®) BLUE, GREY, PINK
*Request Form *Criteria *POS Edits		
DIABETES	BD®	ADVOCATE®
Insulin Syringes	BD® U-500	BD ECLIPSE™
*Request Form *Criteria *POS Edits	BD VEO™	BD INTEGRA™
	DROPLET®	BD LUER-LOK™
	EASY TOUCH®	BD SAFETYGLIDE™
	INSULIN SYRINGE (Various Manufacturers)	COMFORT EZ™
	PRODIGY®	EASY COMFORT
	SURE COMFORT™	EASY GLIDE
	TECHLITE®	HEALTHWISE®
	TRUEPLUS®	INSULIN SYRINGE (Ultimed)
	ULTRA COMFORT®	MONOJECT™
	ULTRA-THIN II®	ULTICARE™
		ULTICARE™ SAFETY
		VANISHPOINT®