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 8/8/25)***

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

LA Medicaid Diabetic/DME Supplies Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) **Effective Date: October 1, 2024** ***(updated 8/8/25)***

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	CEQUR SIMPLICITY™ 2 UNIT PATCH	ILET® BIONIC PANCREAS
External Insulin Pumps	CEQUR 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 8/8/25)***

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 *Criteria *POS Edits		AUTOLET® IMPRESSION LANCING DEVICE
		CLEVER CHEK® LANCETS
		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

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	BD ULTRAFINE™	EASY COMFORT
*Criteria	DROPLET®	EMBRACE®
*POS Edits	DROPSAFE®	INSULIN PEN NEEDLE (COMFORT POINT)
	EASY TOUCH®	INSUPEN®
	EMBECTA™	MINI PEN NEEDLE OTC
	NOVOFINE®	NOVOFINE® PLUS
	PEN NEEDLE (Various Manufacturers)	TRUE COMFORT SAFETY
	PENTIPS®	ULTICARE™
	SURE COMFORT™	VERIFINE®

Descriptive Therapeutic Class	Drugs on PDL	Drugs on NPDL which Require Prior Authorization (PA)
Pen Needles Continued	TECHLITE®	(Non-preferred products listed on page 4)
	TRUEPLUS®	
	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	BD VEO™	BD INTEGRA™
*Criteria	DROPLET®	BD LUER-LOK™
*POS Edits	EASY TOUCH®	BD SAFETYGLIDE™
	EMBECTA™	COMFORT EZ™
	INSULIN SYRINGE (Various Manufacturers)	EASY COMFORT
	PRODIGY®	EASY GLIDE
	SURE COMFORT™	HEALTHWISE®
	TECHLITE®	INSULIN SYRINGE (Ultimed)
	TRUEPLUS®	MONOJECT™
	ULTRA COMFORT®	ULTICARE™
	ULTRA-THIN II®	ULTICARE™ SAFETY
		VANISHPOINT®