



West Virginia Preferred Diabetic Supply List

January 1, 2026

The West Virginia Medicaid Program and the West Virginia Children’s Health Insurance Program (CHIP) have established a Preferred Diabetic Supply List (PDSL). For your convenience, we have provided NDC codes and special instructions for obtaining compatible blood glucose meters. Providers must issue Medicaid members with a prescription for the meter, and the pharmacy will obtain preferred meters by following instructions in the billing information section included in this document. Preferred meters will be supplied by their manufacturers (Roche Diabetes Care, Inc. and Ascensia Diabetes Care US, Inc.).

PREFERRED BLOOD GLUCOSE METERS:

Manufacturer	NDC	Product Description
Roche Diabetes Care, Inc.	65702072910	Accu-Chek Guide Blood Glucose Meter
Roche Diabetes Care, Inc.	65702073110	Accu-Chek Guide Me Blood Glucose Meter
Ascensia Diabetes Care US, Inc.	00193703601	Contour Plus Blue Blood Glucose Meter

PREFERRED TEST STRIPS:

Manufacturer	NDC	Product Description
Roche Diabetes Care, Inc.	65702071110	Accu-Chek Guide Test Strips - 50 ct
Roche Diabetes Care, Inc.	65702071210	Accu-Chek Guide Test Strips - 100 ct
Ascensia Diabetes Care US, Inc.	00193758450	Contour Plus Test Strips - 50 ct

PREFERRED LANCETS:

Manufacturer	NDC	Product Description
Roche Diabetes Care, Inc.	50924097110	Accu-Chek Softclix Lancets
Arkray USA, Inc.	08317880126	TechLITE Lancets 26G
Arkray USA, Inc.	08317880128	TechLITE Lancets 28G

PREFERRED LANCING DEVICE:

Manufacturer	NDC	Product Description
Roche Diabetes Care, Inc.	65702015610	Accu-Chek Softclix Lancing Device
Owen Mumford USA, Inc.	08470027901	Autolet Lite Lancing Device



West Virginia Preferred Diabetic Supply List

January 1, 2026

West Virginia Medicaid and West Virginia CHIP covers selected Continuous Glucose Monitors (CGMs) and the Omnipod Insulin System replacement pods with prior authorization requirements. Please refer to our website for specific [prior authorization criteria for CGMs](#) and [prior authorization forms for CGMs](#).

PREFERRED CONTINUOUS GLUCOSE MONITORS (CGMs) AND SUPPLIES:

Manufacturer	NDC	Product Description
Abbott Diabetes Care Sales Corp.	57599000101	FreeStyle Libre 14 Day Sensor
Abbott Diabetes Care Sales Corp.	57599000200	FreeStyle Libre 14 Day Reader
Abbott Diabetes Care Sales Corp.	57599080000	FreeStyle Libre 2 Sensor
Abbott Diabetes Care Sales Corp.	57599080300	FreeStyle Libre 2 Reader
Abbott Diabetes Care Sales Corp.	57599081800	FreeStyle Libre 3 Sensor
Abbott Diabetes Care Sales Corp.	57599082000	FreeStyle Libre 3 Reader
Abbott Diabetes Care Sales Corp.	57599083500	FreeStyle Libre 2 Plus Sensor
Abbott Diabetes Care Sales Corp.	57599084400	FreeStyle Libre 3 Plus Sensor
DexCom, Inc.	08627005303	DexCom G6 Sensor
DexCom, Inc.	08627001601	DexCom G6 Transmitter
DexCom, Inc.	08627009111	DexCom G6 Receiver
DexCom, Inc.	08627007701	DexCom G7 Sensor
DexCom, Inc.	08627007801	DexCom G7 Receiver
DexCom, Inc.	08627007901	DexCom G7 15 Day Sensor



West Virginia Preferred Diabetic Supply List

January 1, 2026

****Guardian CGM's are limited to children under 18 years of age for use with MiniMed Pumps****

Manufacturer	NDC	Product Description
MiniMed Distribution Corp.	43169070405	Guardian Sensor 3
MiniMed Distribution Corp.	63000017962	Guardian Sensor 3
MiniMed Distribution Corp.	63000033698	Guardian Sensor 3
MiniMed Distribution Corp.	63000035844	Guardian Sensor 3
MiniMed Distribution Corp.	43169095568	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000028678	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000031699	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000035751	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	76300023982	Guardian Link 3 Transmitter
MiniMed Distribution Corp.	63000041338	Guardian 4 Glucose Sensor
MiniMed Distribution Corp.	63000051968	Guardian 4 Glucose Sensor
MiniMed Distribution Corp.	63000044515	Guardian 4 Transmitter Kit
MiniMed Distribution Corp.	63000044516	Guardian 4 Transmitter Kit
MiniMed Distribution Corp.	57599088000	MiniMed Instinct Sensor

PREFERRED INSULIN MANAGEMENT SYSTEMS AND SUPPLIES:

Manufacturer	NDC	Product Description
Insulet Corporation	08508200005	Omnipod Dash Pods (Gen 4)
Insulet Corporation	08508300001	Omnipod 5 DexG7G6 Intro Kit
Insulet Corporation	08508300021	Omnipod 5 DexG7G6 Pods
Insulet Corporation	08508300088	Omnipod 5 Libre 2 Plus G6 Intro Kit
Insulet Corporation	08508300042	Omnipod 5 Libre 2 Plus G6 Pods
MannKind Corporation	08560940003	V-GO 20
MannKind Corporation	08560940002	V-GO 30
MannKind Corporation	08560940001	V-GO 40



West Virginia Preferred Diabetic Supply List January 1, 2026

Needle and syringe combinations and disposable pen needles for insulin pens are reimbursed through the Pharmacy Point-Of-Sale (POS) program only for the administration of insulin.

PREFERRED SYRINGES:

Manufacturer	NDC	Product Description
embecta Medical II LLC	08290328431 83017843103	BD Insulin Syringes – 0.3 mL, 30G
embecta Medical II LLC	08290328438 83017843803	BD Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	08290328440 83017844003	BD Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	08290328466 83017846603	BD Insulin Syringes – 0.5 mL, 30G
embecta Medical II LLC	08290328468 83017846803	BD Insulin Syringes – 0.5 mL, 31G
embecta Medical II LLC	08290326730 83017673003	BD Insulin Syringes – 0.5 mL, 31G
embecta Medical II LLC	08290328411 83017841103	BD Insulin Syringes – 1 mL, 30G
embecta Medical II LLC	08290328418 83017841803	BD Insulin Syringes – 1 mL, 31G
embecta Medical II LLC	08290324909 83017490903	BD Veo Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	08290324910 83017491003	BD Veo Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	08290324911 83017491103	BD Veo Insulin Syringes – 0.5 mL, 31G
embecta Medical II LLC	08290324912 83017491203	BD Veo Insulin Syringes – 1 mL, 31G



West Virginia Preferred Diabetic Supply List

January 1, 2026

PREFERRED PEN NEEDLES:

Manufacturer	NDC	Product Description
embecta Medical II LLC	08290328203 83017820303	BD Ultra Fine Original Pen Needles 29G
embecta Medical II LLC	08290320119 83017011903	BD Ultra Fine Mini Pen Needles 31G
embecta Medical II LLC	08290320109 83017010903	BD Ultra Fine Short Pen Needles 31G
embecta Medical II LLC	08290320122 83017012203	BD Ultra Fine Nano Pen Needles 32G
embecta Medical II LLC	08290320749 83017074903	BD Ultra Fine Micro Pen Needles 32G
embecta Medical II LLC	08290320550 83017055003	BD Nano 2nd Gen Pen Needles 32G
embecta Medical II LLC	08290329515 83017951503	BD AutoShield Duo Pen Needles 30G
Owen Mumford USA, Inc.	08470342901	Pentips Pen Needles 29G
Owen Mumford USA, Inc.	08470343001	Pentips Pen Needles 31G
Owen Mumford USA, Inc.	08470344001	Pentips Pen Needles 32G
Owen Mumford USA, Inc.	08470345001	Pentips Pen Needles 31G
Owen Mumford USA, Inc.	08470349001	Pentips Pen Needles 31G
Owen Mumford USA, Inc.	08470349501	Pentips Pen Needles 32G
Owen Mumford USA, Inc.	08470352901	Unifine Pentips Pen Needles 29G
Owen Mumford USA, Inc.	08470355001	Unifine Pentips Pen Needles 31G
Owen Mumford USA, Inc.	08470359001	Unifine Pentips Pen Needles 31G
Owen Mumford USA, Inc.	08470353001	Unifine Pentips Pen Needles 31G
Owen Mumford USA, Inc.	08470054001	Unifine Pentips Pen Needles 32G
Owen Mumford USA, Inc.	08470054041	Unifine Pentips Pen Needles 32G
Owen Mumford USA, Inc.	08470354001	Unifine Pentips Pen Needles 32G
Owen Mumford USA, Inc.	08470359501	Unifine Pentips Pen Needles 32G
Owen Mumford USA, Inc.	08470356001	Unifine Pentips Pen Needles 33G
Owen Mumford USA, Inc.	08470382901	Unifine Pentips Plus Pen Needles 29G
Owen Mumford USA, Inc.	08470383001	Unifine Pentips Plus Pen Needles 31G
Owen Mumford USA, Inc.	08470384001	Unifine Pentips Plus Pen Needles 32G
Owen Mumford USA, Inc.	08470385001	Unifine Pentips Plus Pen Needles 31G
Owen Mumford USA, Inc.	08470386001	Unifine Pentips Plus Pen Needles 33G
Owen Mumford USA, Inc.	08470389001	Unifine Pentips Plus Pen Needles 31G



West Virginia Preferred Diabetic Supply List January 1, 2026

PREFERRED INSULIN SMART PENS:

****InPen's are limited to children under 18 years of age****

Manufacturer	NDC	Product Description
MiniMed Distribution Corp.	63000082715	InPen – Humalog – Blue
MiniMed Distribution Corp.	63000082716	InPen – Humalog – Grey
MiniMed Distribution Corp.	63000082717	InPen – Humalog – Pink
MiniMed Distribution Corp.	63000082718	InPen – Novolog or Fiasp – Blue
MiniMed Distribution Corp.	63000082719	InPen – Novolog or Fiasp – Grey
MiniMed Distribution Corp.	63000082720	InPen – Novolog or Fiasp – Pink



West Virginia Preferred Diabetic Supply List January 1, 2026

Billing Information

BLOOD GLUCOSE METERS

Roche Diabetes Care, Inc.:

To process claims for the Accu-Chek Guide and Accu-Chek Guide Me meters, please use the code below, which is part of the Roche Free Meter Program. This code must be accompanied by a blood glucose meter prescription: "Please dispense one (Insert meter name and NDC) meter at no charge to the patient."

BIN: 610524
RxPCN: 1016
Group: 40026479
ID: 361484851
Issue #: (80840)

For assistance filing a Roche claim, please call the Pharmacy Help Line at 1-800-657-7613.
For product training, please call Accu-Chek Customer Care at 1-800-858-8072.

Any blood glucose meter dispensed pursuant to the terms of this code is dispensed as a sample and shall not be submitted to any third-party payer, public or private, for reimbursement.

Ascensia Diabetes Care US, Inc.:

To process claims for the Contour Plus Blue meter, please use the code below, which is part of the Ascensia Free Meter Program. This code must be accompanied by a blood glucose meter prescription: "Please dispense one (Insert meter name and NDC) meter at no charge to the patient."

BIN: 018844
RxPCN: 3F
Group: MGD CARE
ID: CNMC7246982

For assistance filing an Ascensia claim, please call the Pharmacy Help Line at 1-855-282-4888, 8am to 8pm ET Monday through Friday.

Any blood glucose meter dispensed pursuant to the terms of this code is dispensed as a sample and shall not be submitted to any third-party payer, public or private, for reimbursement.

INSULIN MANAGEMENT SYSTEMS AND SUPPLIES

Insulet Corp.:

The Omnipod Starter Kit and Omnipod DASH Starter Kit must be adjudicated with their manufacturer, Insulet. Instructions can be found by using the link below. To obtain the no charge Omnipod DASH Starter Kit please complete the Certificate of Medical Necessity Form (located below) and fax to Insulet at 877-467-8538 or if you have any questions, call 800-591-3455.



Omnipod Medical
Necessity Form



West Virginia Preferred Diabetic Supply List January 1, 2026

Diabetic Supply Limitations

The following limits apply for those members who have insulin dependent diabetes:

Urine and Blood Glucose Testing Tablets and Strips	150 per 30 days
Lancets	200 per 30 days
Insulin Syringes and Needle Combinations	100 per 30 days
Pen Needles	100 per 30 days

The following limits apply for those members who have non-insulin dependent diabetes:

Urine and Blood Glucose Testing Tablets and Strips	100 per 30 days
Lancets	100 per 30 days

The following limits apply for those members who utilize a CGM:

Urine and Blood Glucose Testing Tablets and Strips	50 per 90 days*
Lancets	50 per 90 days*

*Requires authorization through the pharmacy prior authorization vendor

Prescriptions for quantities greater than the above referenced amounts require prior authorization through the pharmacy prior authorization vendor.