



# 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.	<b>65702072910</b>	Accu-Chek Guide Blood Glucose Meter
Roche Diabetes Care, Inc.	<b>65702073110</b>	Accu-Chek Guide Me Blood Glucose Meter
Ascensia Diabetes Care US, Inc.	<b>00193703601</b>	Contour Plus Blue Blood Glucose Meter

### PREFERRED TEST STRIPS:

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

### PREFERRED LANCETS:

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

### PREFERRED LANCING DEVICE:

Manufacturer	NDC	Product Description
Roche Diabetes Care, Inc.	<b>65702040010</b>	Accu-Chek Softclix Lancing Device Kit
Owen Mumford USA, Inc.	<b>08470027901</b>	Autolet Lite Lancing Device



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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.	<b>57599000101</b>	FreeStyle Libre 14 Day Sensor
Abbott Diabetes Care Sales Corp.	<b>57599000200</b>	FreeStyle Libre 14 Day Reader
Abbott Diabetes Care Sales Corp.	<b>57599080000</b>	FreeStyle Libre 2 Sensor
Abbott Diabetes Care Sales Corp.	<b>57599080300</b>	FreeStyle Libre 2 Reader
Abbott Diabetes Care Sales Corp.	<b>57599081800</b>	FreeStyle Libre 3 Sensor
Abbott Diabetes Care Sales Corp.	<b>57599082000</b>	FreeStyle Libre 3 Reader
Abbott Diabetes Care Sales Corp.	<b>57599083500</b>	FreeStyle Libre 2 Plus Sensor
Abbott Diabetes Care Sales Corp.	<b>57599084400</b>	FreeStyle Libre 3 Plus Sensor
DexCom, Inc.	<b>08627007701</b>	DexCom G7 Sensor
DexCom, Inc.	<b>08627007801</b>	DexCom G7 Receiver
DexCom, Inc.	<b>08627007901</b>	DexCom G7 15 Day Sensor



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**\*\*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



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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	<b>83017843103</b>	BD Insulin Syringes – 0.3 mL, 30G
embecta Medical II LLC	<b>83017843803</b>	BD Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	<b>83017844003</b>	BD Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	<b>83017846603</b>	BD Insulin Syringes – 0.5 mL, 30G
embecta Medical II LLC	<b>83017846803</b>	BD Insulin Syringes – 0.5 mL, 31G
embecta Medical II LLC	<b>83017673003</b>	BD Insulin Syringes – 0.5 mL, 31G
embecta Medical II LLC	<b>83017841103</b>	BD Insulin Syringes – 1 mL, 30G
embecta Medical II LLC	<b>83017841803</b>	BD Insulin Syringes – 1 mL, 31G
embecta Medical II LLC	<b>83017490903</b>	BD Veo Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	<b>83017491003</b>	BD Veo Insulin Syringes – 0.3 mL, 31G
embecta Medical II LLC	<b>83017491103</b>	BD Veo Insulin Syringes – 0.5 mL, 31G
embecta Medical II LLC	<b>83017491203</b>	BD Veo Insulin Syringes – 1 mL, 31G



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## PREFERRED PEN NEEDLES:

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



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**PREFERRED INSULIN SMART PENS:**

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

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



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## 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



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**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.