

Mississippi Medicaid Preferred Diabetic Supplies List

Effective: 7/1/2024
Last Edited: 12/19/2024



MISSISSIPPI DIVISION OF
MEDICAID

Blood Glucose Meters (BGMs)			
Product Name	NDC	Quantity Limit	Manufacturer
ONETOUCH ULTRA 2 METER	53885-0046-01	1 per year	LifeScan, Inc
ONETOUCH ULTRA 2 METER	53885-0046-10	1 per year	LifeScan, Inc
ONETOUCH VERIO FLEX METER	53885-0044-01	1 per year	LifeScan, Inc
TRUE METRIX AIR GLUCOSE METER	56151-1490-02	1 per year	Trividia Health, Inc
TRUE METRIX AIR GLUCOSE METER	56151-1491-02	1 per year	Trividia Health, Inc
TRUE METRIX BLOOD GLUCOSE METER	56151-1470-02	1 per year	Trividia Health, Inc
Blood Glucose Test Strips			
Product Name	NDC	Quantity Limit	Manufacturer
ONETOUCH ULTRA TEST STRIP	53885-0244-50	200 per month	LifeScan, Inc
ONETOUCH ULTRA TEST STRIP	53885-0245-10	200 per month	LifeScan, Inc
ONETOUCH ULTRA TEST STRIP	53885-0994-25	200 per month	LifeScan, Inc
ONETOUCH VERIO TEST STRIP	53885-0270-25	200 per month	LifeScan, Inc
ONETOUCH VERIO TEST STRIP	53885-0271-50	200 per month	LifeScan, Inc
ONETOUCH VERIO TEST STRIP	53885-0272-10	200 per month	LifeScan, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1460-01	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1460-03	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1460-04	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1461-01	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1461-04	200 per month	Trividia Health, Inc
TRUETRACK TEST STRIP	56151-0810-01	200 per month	Trividia Health, Inc
TRUETRACK TEST STRIP	56151-0850-50	200 per month	Trividia Health, Inc

Mississippi Medicaid Preferred Diabetic Supplies List

Effective: 7/1/2024
Last Edited: 12/19/2024



MISSISSIPPI DIVISION OF
MEDICAID

Continuous Glucose Monitors (CGMs) and Components *			
Product Name	NDC	Quantity Limit	Manufacturer
DEXCOM G6 RECEIVER	08627-0091-11	1 per 365 days	DexCom, Inc
DEXCOM G6 SENSOR	08627-0053-03	9 per 90 days	DexCom, Inc
DEXCOM G6 TRANSMITTER	08627-0016-01	1 per 90 days	DexCom, Inc
DEXCOM G7 RECEIVER	08627-0078-01	1 per 365 days	DexCom, Inc
DEXCOM G7 SENSOR	08627-0077-01	9 per 90 days	DexCom, Inc
FREESTYLE LIBRE 14 DAY READER	57599-0002-00	1 per 365 days	Abbot Diabetes Care
FREESTYLE LIBRE 14 DAY SENSOR	57599-0001-01	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 2 READER	57599-0803-00	1 per 365 days	Abbot Diabetes Care
FREESTYLE LIBRE 2 SENSOR	57599-0800-00	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 2 PLUS SENSOR	57599-0835-00	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 3 READER	57599-0820-00	1 per 365 days	Abbot Diabetes Care
FREESTYLE LIBRE 3 SENSOR	57599-0818-00	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 3 PLUS SENSOR	57599-0844-00	2 per 28 days	Abbot Diabetes Care

* Criteria for Approval of All Preferred CGMs (Electronic Prior Authorization)

Approval Duration: 1 year Review

Criteria:

- Insulin-dependent Type 1 DM (ICD-10 group E10); **OR**
- Insulin-dependent Type 2 DM (ICD-10 group E11); **OR**
- Gestational DM (ICD-10 group O24) **OR**
- History of problematic hypoglycemia defined as:
 - Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify DM treatment plan; **OR**
 - A history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.

Mississippi Medicaid Preferred Diabetic Supplies List

Effective: 7/1/2024
Last Edited: 12/19/2024



MISSISSIPPI DIVISION OF
MEDICAID

Disposable Insulin Pumps and Components			
Product Name	NDC	Quantity Limit	Manufacturer
CEQUR SIMPLICITY 3-DAY PATCHES	73108-0000-01	10 per 30 days	CeQur Corporation
CEQUR SIMPLICITY 4-DAY PATCHES	73108-0000-05	8 per 30 days	CeQur Corporation
CEQUR SIMPLICITY 4-DAY PATCHES	73108-0000-08	8 per 30 days	CeQur Corporation
CEQUR SIMPLICITY INSERTER	73108-0001-00	1 per 365 days	CeQur Corporation
OMNIPOD 5 G6 INTRO KIT	08508-3000-01	1 per 5 years	Insulet Corporation
OMNIPOD 5 G6 PODS (GEN5) 5 PK	08508-3000-21	10 per 30 days	Insulet Corporation
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	08508-3000-52	10 per 30 days	Insulet Corporation
OMNIPOD 5 G7 5 PACK PODS	08508-3000-53	10 per 30 days	Insulet Corporation
OMNIPOD 5 G7 INTRO KIT	08508-3000-50	1 per 5 years	Insulet Corporation
OMNIPOD 5 INTRO (G6/LIBRE2PLUS)	08508-3000-88	10 per 30 days	Insulet Corporation
OMNIPOD DASH PODS (GEN 4) 5 PK	08508-2000-05	10 per 30 days	Insulet Corporation
OMNIPOD 5 (G6/LIBRE 2 PLUS)	08508-3000-42	10 per 30 days	Insulet Corporation
OMNIPOD GO 10 UNIT/DAY PODS	08508-4000-10	10 per 30 days	Insulet Corporation
OMNIPOD GO 15 UNIT/DAY PODS	08508-4000-15	10 per 30 days	Insulet Corporation
OMNIPOD GO 20 UNIT/DAY PODS	08508-4000-20	10 per 30 days	Insulet Corporation
OMNIPOD GO 25 UNIT/DAY PODS	08508-4000-25	10 per 30 days	Insulet Corporation
OMNIPOD GO 30 UNIT/DAY PODS	08508-4000-30	10 per 30 days	Insulet Corporation
OMNIPOD GO 35 UNIT/DAY PODS	08508-4000-35	10 per 30 days	Insulet Corporation
OMNIPOD GO 40 UNIT/DAY PODS	08508-4000-40	10 per 30 days	Insulet Corporation
V-GO 20 UNIT/DAY DEVICES	08560-9400-03	30 per 30 days	MannKind Corporation
V-GO 30 UNIT/DAY DEVICES	08560-9400-02	30 per 30 days	MannKind Corporation
V-GO 40 UNIT/DAY DEVICES	08560-9400-01	30 per 30 days	MannKind Corporation

Mississippi Medicaid Preferred Diabetic Supplies List

Effective: 7/1/2024
Last Edited: 12/19/2024



MISSISSIPPI DIVISION OF
MEDICAID

Insulin Pen Needles			
Product Name	NDC	Quantity Limit	Manufacturer
AUTOSHIELD DUO PEN NEEDLE	08290-3295-15	200 per month	Becton Dickinson & Company
NANO 2 ND GEN PEN NEEDLE	08290-3205-50	200 per month	Becton Dickinson & Company
NANO 2 ND GEN PEN NEEDLE	08290-3205-74	200 per month	Becton Dickinson & Company
TRUEPLUS PEN NEEDLE	56151-2110-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE	56151-2111-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE	56151-2112-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE	56151-2113-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE	56151-2114-01	200 per month	Trividia Health, Inc
ULTRA-FINE MICRO PEN NEEDLE	08290-3207-49	200 per month	Becton Dickinson & Company
ULTRA-FINE MINI PEN NEEDLE	08290-3201-19	200 per month	Becton Dickinson & Company
ULTRA-FINE NANO PEN NEEDLE	08290-3201-22	200 per month	Becton Dickinson & Company
ULTRA-FINE ORIGINAL PEN NEEDLE	08290-3282-03	200 per month	Becton Dickinson & Company
ULTRA-FINE SHORT PEN NEEDLE	08290-3201-09	200 per month	Becton Dickinson & Company

Mississippi Medicaid Preferred Diabetic Supplies List

Effective: 7/1/2024
Last Edited: 12/19/2024



MISSISSIPPI DIVISION OF
MEDICAID

Insulin Syringes			
Product Name	NDC	Quantity Limit	Manufacturer
INSULIN SYRINGE	08290-3284-11	200 per month	Becton Dickinson & Company
INSULIN SYRINGE	08290-3284-18	200 per month	Becton Dickinson & Company
INSULIN SYRINGE	08290-3284-31	200 per month	Becton Dickinson & Company
INSULIN SYRINGE	08290-3284-38	200 per month	Becton Dickinson & Company
INSULIN SYRINGE	08290-3284-40	200 per month	Becton Dickinson & Company
INSULIN SYRINGE	08290-3284-66	200 per month	Becton Dickinson & Company
INSULIN SYRINGE	08290-3284-68	200 per month	Becton Dickinson & Company
INSULIN SYRINGE U-500	08290-3267-30	200 per month	Becton Dickinson & Company
TRUEPLUS INSULIN SYRINGE	56151-1702-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1703-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1711-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1712-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1713-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1721-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1722-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1723-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1731-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1732-01	200 per month	Trividia Health, Inc.
TRUEPLUS INSULIN SYRINGE	56151-1733-01	200 per month	Trividia Health, Inc.
VEO INSULIN SYRINGE	0829-03249-06	200 per month	Becton Dickinson & Company
VEO INSULIN SYRINGE	08290-3249-07	200 per month	Becton Dickinson & Company
VEO INSULIN SYRINGE	08290-3249-08	200 per month	Becton Dickinson & Company
VEO INSULIN SYRINGE	08290-3249-09	200 per month	Becton Dickinson & Company

Mississippi Medicaid Preferred Diabetic Supplies List

Effective: 7/1/2024
Last Edited: 12/19/2024



MISSISSIPPI DIVISION OF
MEDICAID

Insulin Syringes			
Product Name	NDC	Quantity Limit	Manufacturer
VEO INSULIN SYRINGE	08290-3249-10	200 per month	Becton Dickinson & Company
VEO INSULIN SYRINGE	08290-3249-11	200 per month	Becton Dickinson & Company
VEO INSULIN SYRINGE	08290-3249-12	200 per month	Becton Dickinson & Company
Miscellaneous Supplies			
Product Name	NDC	Quantity Limit	Manufacturer
Lancets	ALL	200 per month	ALL
Lancing Device	ALL	1 per 6 months	ALL
Normal, Low, & High Calibration Solution	ALL	N/A	ALL
Urine Test Tabs or Reagent Strips	ALL	200 per month	ALL