



Starting October 1, 2024, the Agency for Health Care Administration (AHCA) will allow the fill of covered diabetic supplies at the pharmacy. This change will allow you to get your medications and diabetic supplies all at the pharmacy. Covered diabetic supply products are listed in the table below.

Starting January 1, 2025, you will be required to fill diabetic supplies at the pharmacy. Products not listed below may still be available but will require prior authorization.

Covered Diabetic Supply Products			
Traditional Blood Glucose Meters (BGM)			
Manufacturer	Product Name	Limitation	PA Requirements
LIFESCAN TRIVIDIA	ONETOUCH ULTRA2 METER ONETOUCH VERIO FLEX METER TRUE METRIX AIR GLUCOSE METER TRUE METRIX GLUCOSE METER	1 PER YEAR	
Blood Glucose Test Strips			
Manufacturer	Product Name	Limitation	PA Requirements
LIFESCAN TRIVIDIA	ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP TRUE METRIX GLUCOSE TEST STRIP	200 PER MONTH	
Continuous Blood Glucose Monitors (CGM)			
Manufacturer	Product Name	Limitation	PA Requirements
DEXCOM ABBOTT	DEXCOM G6 CGM RECEIVER DEXCOM G6 SENSOR DEXCOM G6 TRANSMITTER DEXCOM G7 CGM RECEIVER DEXCOM G7 SENSOR FREESTYLE LIBRE 14 DAY READER FREESTYLE LIBRE 2 READER FREESTYLE LIBRE 3 READER FREESTYLE LIBRE 14 DAY SENSOR FREESTYLE LIBRE 2 SENSOR FREESTYLE LIBRE 3 SENSOR	1 PER YEAR 3 PER 30 DAYS 1 PER 90 DAYS 1 PER YEAR 3 PER 30 DAYS 1 PER YEAR 1 PER YEAR 1 PER YEAR 2 PER 28 DAYS 2 PER 28 DAYS 2 PER 28 DAYS	Auto PA required. Requires diabetes diagnosis within previous 730 days AND fill of insulin within previous 90 days. If Auto PA not met, standard PA required.
Insulin Pen Needles			
Manufacturer	Product Name	Limitation	PA Requirements
ARKRAY BD DIABETES	TECHLITE PEN NEEDLE ULTRA-FINE MICRO PEN NEEDLE ULTRA-FINE MINI PEN NEEDLE ULTRA-FINE NANO PEN NEEDLE ULTRA-FINE ORIGINAL PEN NEEDLE ULTRA-FINE SHORT PEN NEEDLE	200 PER MONTH	
Insulin Syringes			
Manufacturer	Product Name	Limitation	PA Requirements
BD DIABETES TRIVIDIA	INSULIN SYRINGES INSULIN SYRINGES	200 PER MONTH	

Insulin Pumps/Patches			
Manufacturer	Product Name	Limitation	
CEQR INSULET	CEQR SIMPLICITY	10 PER 30 DAYS	Auto PA required. Requires diabetes diagnosis within previous 730 days AND fill of insulin within previous 90 days. If Auto PA not met, standard PA required.
	OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5)	1 PER 5 YEARS	
	OMNIPOD DASH INTRO KIT (GEN 4)	1 PER 5 YEARS	
	OMNIPOD 5 G6 and G6-G7 PODS (GEN 5)	15 PER 30 DAYS	
MANNKIND	OMNIPOD DASH PODS (GEN 4)	15 PER 30 DAYS	
	OMNIPOD GO PODS V-GO	15 PER 30 DAYS	
Ketone Strips			
Manufacturer	Product Name	Limitation	
ABBOTT	PRECISION XTRA BLOOD KETONE TESTSTRIPS	30 PER MONTH	
Lancets			
Manufacturer	Product Name	Limitation	
LIFESCAN TRIVIDIA	ONETOUCH LANCETS ONETOUCH DELICA PLUS LANCETS TRUEPLUS LANCETS	200 PER MONTH	
Lancing Devices			
Manufacturer	Product Name	Limitation	
LIFESCAN TRIVIDIA	ONETOUCH DELICA PLUS LANCING DEVICE TRUEDRAW LANCING DEVICE	2 PER YEAR	
Miscellaneous			
Manufacturer	Product Name	Limitation	
ALL	ALCOHOL SWABS	2 BOXES/MONTH	
ALL	CALIBRATION CONTROL SOLUTION	1 PER 6 MONTHS	