

NYRx Preferred Diabetic Supply Program (PDSP) Fact Sheet

Background:

On October 1, 2009, per [Social Services Law Chapter 55, Article 5 Title 11, Section 365-a\[2\]\[g\]](#) New York State implemented a Preferred Diabetic Supply Program for NYRx, the Medicaid Pharmacy Program. Members may obtain preferred blood glucose monitors, diabetic test strips, continuous glucose monitors (CGM) and disposable insulin pumps from their NYS Medicaid enrolled pharmacy or durable medical equipment (DME) provider.

Coverage Criteria and/or Quantity limits:

Diabetic Test Strips

- For Type 1 Diabetics: 300 strips per 30 days
- For Type 2 Diabetics: 100 strips per 30 days

Continuous Glucose Monitors (CGM)

- Diagnosis of gestational diabetes, or
- Diagnosis of type 1 or type 2 diabetes **and**:
 - Ordering provider is enrolled in Medicaid and is an endocrinologist, or provider with experience in diabetes treatment, **and**
 - Member is compliant with regular visits to review CGM data with their provider, **and**
 - Member is on self or care giver administered insulin or an insulin pump, **and**
 - Member or member caregiver can hear and view CGM alerts and respond appropriately.

Disposable Insulin Pumps

- Diagnosis of gestational diabetes, or
- Diagnosis of type 1 or type 2 diabetes **and**:
 - Ordering provider is enrolled in Medicaid and is an endocrinologist or provider who has experience managing patients on continuous subcutaneous insulin infusion therapy, **and**
 - Member has been on a program of multiple daily injections of insulin (i.e., at least three injections per day) with frequent self or care giver adjustments of their insulin dose for at least six months prior to initiation of the insulin pump and has failed to achieve acceptable control of blood sugars that are not explained by poor motivation or compliance; **and**
 - the member completed a comprehensive diabetes education program as meets one or more of the following criteria while receiving multiple daily injections:
 - HbA1c >seven percent
 - History of recurring hypoglycemia
 - Wide fluctuations in blood glucose before mealtime (>140mg/dl)
 - Dawn phenomenon in a fasting state (>200mg/dl)
 - History of severe glycemic excursions

*Requests for Omnipod Go are exempt from this requirement

If there is a medical reason a preferred product does not meet a member's needs, such as visual impairment, a prior authorization (PA) will be required for a non-preferred product. To request a PA for a non-preferred product the provider can obtain an authorization through the DME Dispensing Validation System (DVS) or by submitting via ePACES or paper prior approval. For more information on how to obtain a PA for a non-preferred product visit: [https://www.emedny.org/providermanuals/5010/MEVS/MEVS_DVS_Provider_Manual_\(5010\).pdf](https://www.emedny.org/providermanuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf) Billing information for non-preferred products can be found here: https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Billing_Guidelines.pdf

When billing for Medicare members (dually eligible for Medicare and Medicaid), the National Drug Code (NDC) should be used as required when Medicare has approved "0".

Additional Resources:

For Prior Authorization associated with quantity limits or criteria for preferred products contact the NYRx Clinical Call Center: 877-309-9493

Pharmacy claims processing questions contact the eMedNY call center: 800-343-9000

Preferred Diabetic Supply Program Policy: 518-486-3209 or nyrx@health.ny.gov

For questions on non-preferred DME and supplies – Bureau of Medical Review, Office of Health Insurance Programs (DME): 800-342-3005

NYRx Preferred Diabetic Supply Program: <https://newyork.fhsc.com/providers/diabeticsupplies.asp>

CGM provider worksheet:

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Worksheet_Prescribers_CGM.pdf

Preferred Insulin Pump or Patch Prior Authorization Worksheet:

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Worksheet_Prescribers_Insulin_Pump_Patch.pdf

See the next page for the list of preferred diabetic supplies

NYRx Preferred Diabetic Supplies

Effective 01/01/24

Preferred Meters

CONTOUR METER
CONTOUR NEXT GEN
CONTOUR NEXT EZ METER
CONTOUR NEXT EZ METER SYSTEM
CONTOUR NEXT ONE METER
FREESTYLE FREEDOM LITE
FREESTYLE LITE METER
FREESTYLE PRECISION NEO METER
ONETOUCH ULTRA2 GLUCOSE SYST
ONETOUCH VERIO FLEX METER
PRECISION XTRA MONITOR

Preferred Test Strips

CONTOUR TEST STRIPS
CONTOUR NEXT TEST STRIPS
FREESTYLE INSULINX TEST STRIPS
FREESTYLE LITE TEST STRIPS
FREESTYLE PREC NEO TEST STRIPS
FREESTYLE TEST STRIPS
ONETOUCH ULTRA BLUE TEST STRIPS
ONETOUCH VERIO TEST STRIPS
PRECISION XTRA TEST STRIPS
PRECISION XTR B-KETONE STRIPS

Preferred CGMs and Other

CEQR SIMPLICITY
CEQR SIMPLICITY INSERTER
DEXCOM G6 RECEIVER
DEXCOM G6 SENSOR
DEXCOM G6 TRANSMITTER
DEXCOM G7 RECEIVER
DEXCOM G7 SENSOR
FREESTYLE LIBRE 14 DAY READER
FREESTYLE LIBRE 14 DAY SENSOR
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 3 READER
FREESTYLE LIBRE 2 SENSOR KIT
FREESTYLE LIBRE 3 SENSOR KIT
OMNIPOD 5
OMNIPOD 5 G6-G7 INTRO KT (GEN5)
OMNIPOD 5 G6-G7 PODS (GEN 5)
OMNIPOD 5 G6 PODS (GEN 5) 5PK
OMNIPOD DASH
OMNIPOD DASH KIT (GEN 4)
OMNIPOD GO PODS
V-GO