

Covered Diabetes Meters and Testing Supplies

Below is a list of the preferred blood glucose monitoring products you can receive from an in-network pharmacy. The National Reimbursement Code (NRC) can assist in accurately identifying the covered products. Formulary restrictions like Prior Authorization or Quantity Limits may apply. All lancets and lancing devices by any manufacturer are covered.

Blood Glucose Meters

<i>Product Name</i>	<i>NRC #</i>	<i>Formulary Restriction</i>
Accu-Chek Guide Meter	65702-0729-10	Quantity Limit of 1 kit per 365 days (1 per calendar year)
Accu-Chek Guide Me Meter	65702-0731-10	
True Metrix Meter	56151-1470-02	
True Metrix Air Meter	56151-1490-02	
Relion True Metrix Air Meter	56151-1491-02	

Test Strips

<i>Product Name</i>	<i>NRC #</i>	<i>Formulary Restriction</i>
Accu-Chek Guide Test Strips (50-count)	65702-0701-95	Quantity Limit of 4 strips per day (e.g. 100 strips per 25 days)
Accu-Chek Guide Test Strips (50-count)	65702-0711-10	
Accu-Chek Guide Test Strips (50-count)	65702-0719-10	
Accu-Chek Guide Test Strips (100-count)	65702-0712-10	
True Metrix Test Strips (25-count)	56151-1460-03	
True Metrix Test Strips (50-count)	56151-1460-04	
True Metrix Test Strips (100-count)	56151-1460-01	
Relion True Metrix Test Strips (50-count)	56151-1461-04	
Relion True Metrix Test Strips (100-count)	56151-1461-01	

Continuous Glucose Monitoring (CGM)

<i>Product Description</i>	<i>NRC #</i>	<i>Formulary Restriction</i>
Dexcom G6 Receiver	08627-0091-11	Prior Authorization Required
Dexcom G6 Transmitter	08627-0016-01	
Dexcom G6 Sensor	08627-0053-03	
Dexcom G7 Receiver	08627-0078-01	
Dexcom G7 Sensor	08627-0077-01	
FreeStyle Libre 2 Reader	57599-0803-00	
FreeStyle Libre 2 Plus Sensor	57599-0835-00	
FreeStyle Libre 3 Reader	57599-0820-00	
FreeStyle Libre 3 Plus Sensor	57599-0844-00	
FreeStyle Libre 14 Day Reader	57599-0002-00	
FreeStyle Libre 14 Day Sensor	57599-0001-01	

If you use diabetic testing supplies that are not preferred by the plan, speak with your doctor to get a new prescription or to request prior authorization for a non-preferred blood glucose monitor and test strips.

For more detailed information about diabetic testing supplies covered by your plan, please review your Evidence of Coverage.

For benefit questions or to request a prior authorization, call Member Services at **1-855-445-3556** (TTY: **711**). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting <https://www.wellcarefindaprovider.com/navigate-a-network.html>. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. To request a written copy of our Medicaid Provider Directory, please contact us.