

## 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

<b><i>Product Name</i></b>	<b><i>NRC #</i></b>	<b><i>Formulary Restriction</i></b>
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

<b><i>Product Name</i></b>	<b><i>NRC #</i></b>	<b><i>Formulary Restriction</i></b>
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><b>Product Description</b></i>	<i><b>NRC #</b></i>	<i><b>Formulary Restriction</b></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 Member Handbook .

For benefit questions or to request a prior authorization, call Member Services at **1-833-236-2366** (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.

For Wellcare CalViva Health Dual Align members: CalViva Health is a Medi-Cal Managed Care Plan (MCP) and is the Local Initiative Health Plan for Medi-Cal managed care in Fresno, Kings, and Madera Counties. CalViva Health is a full-service health plan contracting with the Department of Health Care Services (DHCS) to provide Medi-Cal Covered Services to Medi-Cal managed care enrollees under the Two-Plan model in all ZIP codes in Fresno, Kings, and Madera Counties. CalViva Health contracts with Health Net Community Solutions, Inc. on a capitated basis to provide and arrange for Medi-Cal Covered Services in all ZIP codes in Fresno, Kings, and Madera Counties. Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation, and is the CalViva Health MCP's Contracted Administrator in all ZIP codes in Fresno, Kings, and Madera Counties.