

**ARKANSAS MEDICAID**  
**DEPARTMENT OF HUMAN SERVICES**  
**CONTACT THE PRIME THERAPEUTICS HELP DESK FOR ASSISTANCE**  
**PHONE: 800-424-7895 FAX 800-424-7976**

**Preferred Product List**

**NOTE:** Any product not listed below will be considered non-preferred and requires documentation of the medical necessity over preferred options.

| <b>BLOOD GLUCOSE METERS (BGMs) AND LIMITATIONS</b>                                     |  |                                |
|--|--|--------------------------------|
| <b>Manufacturer</b>  | <b>Product Name</b>                    | <b>Limitation</b>              |
| ABBOTT   | FREESTYLE FREEDOM LITE METER           | 1 meter per 365 days           |
| ABBOTT   | FREESTYLE LITE METER                   |                                |
| ABBOTT   | FREESTYLE PRECISION NEO METER          |                                |
| ABBOTT   | PRECISION XTRA METER                   |                                |
| TRIVIDIA HEALTH  | TRUE METRIX METER                      |                                |
| TRIVIDIA HEALTH  | TRUE METRIX AIR METER                  |                                |
| TRIVIDIA HEALTH  | RELION TRUE METRIX AIR METER           |                                |
| <b>BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND INSULIN SYRINGES WITH LIMITATIONS</b> |  |                                |
| <b>Manufacturer</b>  | <b>Product Name</b>                    | <b>Limitation without CGM</b>  |
| ABBOTT   | FREESTYLE INSULINX TEST STRIPS         | 200 per 31 days                |
| ABBOTT   | FREESTYLE LITE TEST STRIPS             |                                |
| ABBOTT   | FREESTYLE TEST STRIPS                  |                                |
| ABBOTT   | FREESTYLE PRECISION NEO TEST STRIPS    |                                |
| ABBOTT   | PRECISION XTRA TEST STRIPS             |                                |
| TRIVIDIA HEALTH  | TRUE METRIX TEST STRIPS                |                                |
| TRIVIDIA HEALTH  | RELION TRUE METRIX TEST STRIPS         |                                |
| VARIOUS MANUFACTURERS  | INSULIN SYRINGES (with WAC pricing)    | N/A                            |
|  | INSULIN PEN NEEDLES (with WAC pricing) |                                |
| VARIOUS MANUFACTURERS  | LANCETS                                | 200 per 31 days                |
|  | LANCING DEVICE                         | 1 per 186 days                 |
|  | CALIBRATION SOLUTION                   | 1 bottle per 31 days           |
|  | URINE REAGENT STRIPS                   | 200 per 31 days                |
| <b>INSULIN PUMP PRODUCTS AND LIMITATIONS</b>   |  |                                |
| <b>Manufacturer</b>  | <b>Product Name</b>                    | <b>Limitation</b>              |
| CEQR   | CEQR SIMPLICITY 3-DAY PATCH            | 10 patches (1 box) per 30 days |
| CEQR   | CEQR SIMPLICITY 4-DAY PATCH            | 8 patches (1 box) per 30 days  |
| CEQR   | CEQR SIMPLICITY INSERTER               | N/A                            |
| INSULET  | OMNIPOD DASH PODS                      | 15 pods (3 boxes) per 30 days  |
| INSULET  | OMNIPOD DASH KIT                       | 1 per 365 days                 |
| INSULET  | OMNIPOD GO ALL STRENGTHS               | 15 pods (3 boxes) per 30 days  |
| INSULET  | OMNIPOD-5 DEX G7-G6 PODS               | 15 pods (3 boxes) per 30 days  |
| INSULET  | OMNIPOD-5 DEX G7-G6 KIT                | 1 per 365 days                 |
| INSULET  | OMNIPOD-5 G6-G7 PODS                   | 15 pods (3 boxes) per 30 days  |
| INSULET  | OMNIPOD-5 G6-G7 KIT                    | 1 per 365 days                 |
| INSULET  | OMNIPOD-5 G6/LIBRE2PLUS                | 15 pods (3 boxes) per 30 days  |
| INSULET  | OMNIPOD-5 G6/LIBRE2PLUS KIT            | 1 per 365 days                 |
| MANNKIND   | V-GO ALL STRENGTHS                     | 30 (1 box) per 30 days         |

**CONTINUOUS GLUCOSE MONITOR (CGM) PRODUCTS AND LIMITATIONS**

| <b>Manufacturer</b>  | <b>Product Name</b>           | <b>Limitation</b>     |
|----------------------|-------------------------------|-----------------------|
| DEXCOM               | DEXCOM G6 RECEIVER            | 1 per 365 days        |
| DEXCOM               | DEXCOM G6 SENSOR              | 3 sensors per 30 days |
| DEXCOM               | DEXCOM G6 TRANSMITTER         | 1 every 90 days       |
| DEXCOM               | DEXCOM G7 RECEIVER            | 1 per 365 days        |
| DEXCOM               | DEXCOM G7 SENSOR              | 3 sensors per 30 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 2 SENSOR      | 2 sensors per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 2 PLUS SENSOR | 2 sensors per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 2 READER      | 1 per 365 days        |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 3 SENSOR      | 2 sensors per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 3 PLUS SENSOR | 2 sensors per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 3 READER      | 1 per 365 days        |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 14 DAY SENSOR | 2 sensors per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 14 DAY READER | 1 per 365 days        |

**NOTE: Guardian CGM will only be covered for those patients currently utilizing or approved to use a Medtronic insulin pump system.**