



## Preferred diabetic supply information

*This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) program for Simply.*

**TRUE METRIX® AIR Meter and TRUE METRIX® Strips** made by Trividia Health are the preferred diabetic meter and strips for Simply and CHA. We require prior authorization (PA) for coverage of nonpreferred products.

Please provide your patients with a prescription for one of the preferred products, which can be filled at any participating in-network pharmacy.

Quantity limits apply, and prior authorization (PA) is required for quantities exceeding the following limits:

Product	Quantity limit
Blood glucose testing meter	1 meter per 12 months
Blood glucose testing strips	200 (or 204 for Accu-Check Compact) per 30 days for: Members 17 years of age and younger  150 (or 153 for Accu-Check Compact) per 30 days for: Pregnant members or members 18 years of older utilizing insulin  50 (or 51 for Accu-Check Compact) per 30 days for all other individuals
Lancets	200 lancets per 30 days for: Members utilizing insulin, Pregnant members or Members 17 years of age or younger  100 lancets per 30 days for all other individuals
Pen needles	200 pen needles per 30 days

Diabetic testing strips and meters	
Blood glucose testing meters	
Preferred product	TRUE METRIX AIR Meter

<https://provider.simplyhealthcareplans.com/florida-provider>

<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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<b>Instructions for obtaining meters:</b>	
<ul style="list-style-type: none"> <li>Members may call <b>1-866-788-9618</b> to have a meter shipped directly to their home free of charge.</li> <li>Members may take a prescription for a TRUE METRIX AIR Meter to an in-network pharmacy. The pharmacy must use the following information to submit claims for the TRUE METRIX AIR Meter:</li> </ul>	
<b>NDC #</b>	56151-1490-02
<b>BIN #:</b>	015251 (Magellan)
<b>PCN #:</b>	PRX2000
<b>ID #:</b>	HB224289455 (can be used for all members)
<b>Rx group:</b>	TRUEPORT22

<b>Diabetic testing strips and meters</b>	
<b>Blood glucose testing strips</b>	
<b>Preferred products</b>	<b>TRUE METRIX glucose testing strips</b>
<b>Instructions for obtaining blood glucose testing strips:</b>	
Member may take a prescription for TRUE METRIX Strips to an in-network pharmacy. The pharmacy must use the following information to submit claims for the TRUE METRIX glucose testing strips:	
<b>NDC #:</b>	56151-1460-04 (50 count) or 56151-1460-01 (100 count)
<b>BIN #:</b>	020107
<b>PCN #:</b>	CH
<b>ID #:</b>	Member's ID number
<b>Rx group:</b>	WK3A

<b>Preferred pen needles</b>
BD PEN NEEDLE MICRO ULTRAFINE
BD PEN NEEDLE MINI ULTRAFINE
BD PEN NEEDLE NANO 2ND GEN
BD PEN NEEDLE NANO ULTRAFINE
BD PEN NEEDLE ORIGINAL ULTRAFINE
BD PEN NEEDLE SHORT ULTRAFINE
BD AUTOSHIELD
BD AUTOSHIELD DUO
<b>Preferred lancets</b>
CVS LANCETS THIN 26G
CVS LANCETS ULTRA THIN 30
CVS LANCETS MICRO THIN 33
TRUEPLUS LANCETS 26G

TRUEPLUS LANCETS 28G
TRUEPLUS LANCETS 30G
TRUEPLUS LANCETS 33G
TRUEPLUS SAFETY LANCETS 28G
LANCETS ULTRA THIN 30G
PX LANCETS ULTRA THIN