[*Date*]

[*Recipient Name*]

[*Address*]

[*City, State, ZIP code*]

Dear Florida Medicaid Recipient:

Starting October 1, 2024, the Agency for Health Care Administration (AHCA) will allow the fill of covered diabetic supplies at the pharmacy. This change will allow you to get your medications and diabetic supplies all at the pharmacy. Covered diabetic supply products are listed in the table below.

Starting January 1, 2025, you will be required to fill diabetic supplies at the pharmacy. Products not listed below may still be available but will require special permission and help from your doctor to fill. We recommend working with your doctor to receive this special permission starting October 1, 2024.

|  |  |  |
| --- | --- | --- |
| **Covered Diabetic Supply Products** | | |
|  | **Traditional Blood Glucose Meters (BGM)** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **LIFESCAN**  **TRIVIDIA** | ONETOUCH ULTRA2 METER  ONETOUCH VERIO FLEX METER  TRUE METRIX AIR GLUCOSE METER  TRUE METRIX GLUCOSE METER | 1 PER YEAR |
|  | **Blood Glucose Test Strips** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **LIFESCAN**  **TRIVIDIA** | ONETOUCH ULTRA TEST STRIP  ONETOUCH VERIO TEST STRIP  TRUE METRIX GLUCOSE TEST STRIP | 200 PER MONTH |
|  | **Continuous Blood Glucose Monitors (CGM)** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **DEXCOM**  **ABBOTT** | DEXCOM G6 CGM RECEIVER  DEXCOM G6 SENSOR  DEXCOM G6 TRANSMITTER  DEXCOM G7 CGM RECEIVER  DEXCOM G7 SENSOR  FREESTYLE LIBRE 14 DAY READER  FREESTYLE LIBRE 2 READER  FREESTYLE LIBRE 3 READER  FREESTYLE LIBRE 14 DAY SENSOR  FREESTYLE LIBRE 2 SENSOR  FREESTYLE LIBRE 3 SENSOR | 1 PER YEAR  3 PER 30 DAYS  1 PER 90 DAYS  1 PER YEAR  3 PER 30 DAYS  1 PER YEAR  1 PER YEAR  1 PER YEAR  2 PER 28 DAYS  2 PER 28 DAYS  2 PER 28 DAYS |
|  | **Insulin Pen Needles** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **ARKRAY**  **BD DIABETES** | TECHLITE PEN NEEDLE  ULTRA-FINE MICRO PEN NEEDLE  ULTRA-FINE MINI PEN NEEDLE  ULTRA-FINE NANO PEN NEEDLE  ULTRA-FINE ORIGINAL PEN NEEDLE  ULTRA-FINE SHORT PEN NEEDLE | 200 PER MONTH |
|  | **Insulin Syringes** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **BD DIABETES**  **TRIVIDIA** | INSULIN SYRINGES  INSULIN SYRINGES | 200 PER MONTH |
|  | **Insulin Pumps/Patches** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **CEQUR**  **INSULET**  **MANNKIND** | CEQUR SIMPLICITY  OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5)  OMNIPOD DASH INTRO KIT (GEN 4)  OMNIPOD 5 G6 and G6-G7 PODS (GEN 5)  OMNIPOD DASH PODS (GEN 4)  OMNIPOD GO PODS  V-GO | 10 PER 30 DAYS  1 PER 5 YEARS  1 PER 5 YEARS  15 PER 30 DAYS  15 PER 30 DAYS  15 PER 30 DAYS  15 PER 30 DAYS |
|  | **Ketone Strips** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **ABBOTT** | PRECISION XTRA BLOOD KETONE TESTSTRIPS | 30 PER MONTH |
|  | **Lancets** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **LIFESCAN**  **TRIVIDIA** | ONETOUCH LANCETS  ONETOUCH DELICA PLUS LANCETS  TRUEPLUS LANCETS | 200 PER MONTH |
|  | **Lancing Devices** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **LIFESCAN**  **TRIVIDIA** | ONETOUCH DELICA PLUS LANCING DEVICE  TRUEDRAW LANCING DEVICE | 2 PER YEAR |
|  | **Miscellaneous** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **ALL** | ALCOHOL SWABS | 2 BOXES/MONTH |
| **ALL** | CALIBRATION CONTROL SOLUTION | 1 PER 6 MONTHS |

*[Pending Plan Specific Information]*