[*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.

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| **Covered Diabetic Supply Products** |
|  | **Traditional Blood Glucose Meters (BGM)** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **LIFESCAN****TRIVIDIA** | ONETOUCH ULTRA2 METERONETOUCH VERIO FLEX METERTRUE METRIX AIR GLUCOSE METERTRUE METRIX GLUCOSE METER | 1 PER YEAR |
|  | **Blood Glucose Test Strips** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **LIFESCAN****TRIVIDIA** | ONETOUCH ULTRA TEST STRIPONETOUCH VERIO TEST STRIPTRUE METRIX GLUCOSE TEST STRIP | 200 PER MONTH |
|  | **Continuous Blood Glucose Monitors (CGM)** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **DEXCOM****ABBOTT**  | DEXCOM G6 CGM RECEIVERDEXCOM G6 SENSORDEXCOM G6 TRANSMITTERDEXCOM G7 CGM RECEIVERDEXCOM G7 SENSORFREESTYLE LIBRE 14 DAY READERFREESTYLE LIBRE 2 READERFREESTYLE LIBRE 3 READERFREESTYLE LIBRE 14 DAY SENSORFREESTYLE LIBRE 2 SENSORFREESTYLE LIBRE 3 SENSOR | 1 PER YEAR3 PER 30 DAYS1 PER 90 DAYS1 PER YEAR3 PER 30 DAYS1 PER YEAR1 PER YEAR1 PER YEAR2 PER 28 DAYS2 PER 28 DAYS2 PER 28 DAYS |
|  | **Insulin Pen Needles** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **ARKRAY****BD DIABETES** | TECHLITE PEN NEEDLEULTRA-FINE MICRO PEN NEEDLEULTRA-FINE MINI PEN NEEDLEULTRA-FINE NANO PEN NEEDLEULTRA-FINE ORIGINAL PEN NEEDLEULTRA-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 SIMPLICITYOMNIPOD 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 PODSV-GO | 10 PER 30 DAYS1 PER 5 YEARS1 PER 5 YEARS15 PER 30 DAYS15 PER 30 DAYS15 PER 30 DAYS15 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 LANCETSONETOUCH DELICA PLUS LANCETSTRUEPLUS LANCETS | 200 PER MONTH |
|  | **Lancing Devices** |  |
| **Manufacturer** | **Product Name** | **Limitation** |
| **LIFESCAN****TRIVIDIA** | ONETOUCH DELICA PLUS LANCING DEVICETRUEDRAW 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]*