

A message from the Arkansas Department of Health – Medicaid

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.

BLOOD GLUCOSE METERS (BGMs) AND LIMITATIONS		
Manufacturer	Product Name	Limitation
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	
BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND INSULIN SYRINGES WITH LIMITATIONS		
Manufacturer	Product Name	Limitation without CGM
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
INSULIN PUMP PRODUCTS AND LIMITATIONS		
Manufacturer	Product Name	Limitation
CEQUR	CEQUR SIMPLICITY 4-DAY PATCH	8 patches (1 box) per 30 days
CEQUR	CEQUR SIMPLICITY INSERTER	N/A
INSULET	OMNIPOD DASH PODS	15 pods (3 boxes) per 30 days

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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/LIBRE2PLUS	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD-5 G6/LIBRE2PLUS KIT	1 per 365 days
CONTINUOUS GLUCOSE MONITOR (CGM) PRODUCTS AND LIMITATIONS		
Manufacturer	Product Name	Limitation
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
DEXCOM	DEXCOM G7 15 DAY SENSOR	2 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

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