

Pharmacy Hot Tip: Diabetic Meter and Test Strips

Your Summit Community Care patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Summit Community Care [provider website](#) > Eligibility & Pharmacy > Pharmacy Information. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Diabetic meter	All other diabetic meters	TRUE METRIX BLOOD GLUCOSE METER NDC: 08528-1474-01 NDC: 56151-1470-02 NDC: 56151-1470-04 NDC: 21292-0006-05 NDC: 11917-0166-89 TRUE METRIX AIR BLOOD GLUCOSE METER NDC: 56151-1490-02 NDC: 56151-1494-01 NDC: 21292-0007-16 NDC: 11917-0173-89 TRUE METRIX AIR W/BLUETOOTH METER NDC: 56151-1494-03 TRUE METRIX GO BLOOD GLUCOSE METER NDC: 56151-1950-02 GNP TRUE METRIX AIR BLOOD GLUCOSE METER NDC: 87701-0427-39 NDC: 87701-0426-25 RELION TRUE METRIX AIR BLOOD GLUCOSE METER NDC: 56151-1491-02 NDC: 81131-0403-27
Diabetic test strips ¹	All other diabetic test strips	TRUE METRIX GLUCOSE TEST STRIP NDC: 56151146004 NDC: 56151146001 GNP TRUE METRIX GLUCOSE TEST STRIP NDC: 87701042626 NDC: 87701042627 NDC: 87701042653 NDC: 87701042760 RELION TRUE METRIX GLUCOSE TEST STRIP NDC: 56151146104 NDC: 56151146101
1 Quantity limits apply; 200 test strips per 30 days for all individuals		

* Change Health Care is an independent company providing some healthcare management services on behalf of the health plan. Magellan is an independent company providing pharmacy benefit management services on behalf of the health plan.

Members can call Change Health Care* at 855-282-4888 to have a meter sent to their home or may have the meter dispensed at their local pharmacy. Pharmacist billing information is below.

Pharmacist: Please dispense a TRUE METRIX meter at no cost or copay to the patient. You may use a prescription on file or call the patient's physician to obtain a new prescription. Transmit the claim to Magellan* using the processing information listed below.

Rx BIN #: 018844

PCN #: 3F

Identification #: TRPT5023493

Group #: FVTRUEPORT50

Once the **free** meter is processed for reimbursement, you cannot submit a claim to any other third-party payer. One meter is allowed per patient every 12 months.

If you have general questions concerning Summit Community Care member benefits, please call **844-405-4295**.

If you have questions regarding this *Hot Tip*, call Provider Services at **844-462-0022**.