Mississippi Medicaid Preferred Diabetic Supplies List

Effective: 10/1/2026
Last Edited: 9/29/2026

MISSISSIPPI DIVISION OF MEDICAID

Blood Glucose Meter (BGMs)			
Product Name	NDC	Quantity Limit	Manufacturer
ACCU-CHEK GUIDE METER	65702-0729-10	1 per year	Roche, Inc
ACCU-CHEK GUIDE ME METER	65702-0731-10	1 per year	Roche, Inc
TRUE METRIX AIR GLUCOSE METER	56151-1490-02	1 per year	Trividia Health, Inc
TRUE METRIX AIR GLUCOSE METER	56151-1491-02	1 per year	Trividia Health, Inc
TRUE METRIX BLOOD GLUCOSE METER	56151-1470-02	1 per year	Trividia Health, Inc

Blood Glucose Test Strips			
Product Name	NDC	Quantity Limit	Manufacturer
ACCU-CHEK GUIDE 50-ct TEST STRIP	65702-0711-10	200 per month	Roche, Inc
ACCU-CHEK GUIDE 100-ct TEST STRIP	65702-0712-10	200 per month	Roche, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1460-01	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1460-04	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1461-01	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1461-04	200 per month	Trividia Health, Inc
TRUE METRIX GLUCOSE TEST STRIP	56151-1463-04	200 per month	Trividia Health, Inc

Continuous Glucose Monitors (CGMs) and Components *			
Product Name	NDC	Quantity Limit	Manufacturer
DEXCOM G6 RECEIVER	08627-0091-11	1 per 365 days	DexCom, Inc
DEXCOM G6 SENSOR	08627-0053-03	3 per 30 days	DexCom, Inc
DEXCOM G6 TRANSMITTER	08627-0016-01	1 per 90 days	DexCom, Inc
DEXCOM G7 RECEIVER	08627-0078-01	1 per 365 days	DexCom, Inc
DEXCOM G7 SENSOR (10 DAY)	08627-0077-01	3 per 30 days	DexCom, Inc
DEXCOM G7 15 DAY SENSOR	08627-0079-01	2 per 30 days	DexCom, Inc
FREESTYLE LIBRE 14 DAY READER	57599-0002-00	1 per 365 days	Abbot Diabetes Care

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Continuous Glucose Monitors (CGMs) and Components *			
Product Name	NDC	Quantity Limit	Manufacturer
FREESTYLE LIBRE 14 DAY SENSOR	57599-0001-01	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 2 READER	57599-0803-00	1 per 365 days	Abbot Diabetes Care
FREESTYLE LIBRE 2 SENSOR	57599-0800-00	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 2 PLUS SENSOR	57599-0835-00	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 3 READER	57599-0820-00	1 per 365 days	Abbot Diabetes Care
FREESTYLE LIBRE 3 SENSOR	57599-0818-00	2 per 28 days	Abbot Diabetes Care
FREESTYLE LIBRE 3 PLUS SENSOR	57599-0844-00	2 per 28 days	Abbot Diabetes Care

***Criteria for Approval of All Preferred CGMs (Electronic Prior Authorization)**

Approval Duration: 1 year Review

Criteria:

- Insulin-dependent Type 1 DM (ICD-10 group E10); **OR**
- Insulin-dependent Type 2 DM (ICD-10 group E11); **OR**
- Gestational DM (ICD-10 group O24) **OR**
- History of problematic hypoglycemia defined as:
    - Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify DM treatment plan; **OR**
    - A history of one level 3 hypoglycemic event (glucose < 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia.

Disposable Insulin Pumps and Components			
Product Name	NDC	Quantity Limit	Manufacturer
CEQUR SIMPLICITY 1U (2.4 ML)	73108-0000-11	4 per 28 days	CeQur Corporation
CEQUR SIMPLICITY 2U (2.4 ML)	73108-0000-13	5 per 28 days	CeQur Corporation
CEQUR SIMPLICITY 4-DAY PATCHES	73108-0000-08	8 per 30 days	CeQur Corporation
CEQUR SIMPLICITY INSERTER	73108-0001-00	1 per 365 days	CeQur Corporation
CEQUR SIMPLICITY INSERTER	73108-0000-14	1 per 365 days	CeQur Corporation
OMNIPOD 5 G6 INTRO KIT	08508-3000-01	1 per 5 years	Insulet Corporation
OMNIPOD 5 G6 PODS (GEN5) 5 PK	08508-3000-21	10 per 30 days	Insulet Corporation
OMNIPOD 5 INTRO (G6/LIBRE2PLUS)	08508-3000-88	10 per 30 days	Insulet Corporation
OMNIPOD DASH PODS (GEN 4) 5 PK	08508-2000-05	10 per 30 days	Insulet Corporation

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Disposable Insulin Pumps and Components			
Product Name	NDC	Quantity Limit	Manufacturer
OMNIPOD 5 (G6/LIBRE 2 PLUS)	08508-3000-42	10 per 30 days	Insulet Corporation
V-GO 20 UNIT/DAY DEVICES	08560-9400-03	30 per 30 days	MannKind Corporation
V-GO 30 UNIT/DAY DEVICES	08560-9400-02	30 per 30 days	MannKind Corporation
V-GO 40 UNIT/DAY DEVICES	08560-9400-01	30 per 30 days	MannKind Corporation

Insulin Pen Needles			
Product Name	NDC	Quantity Limit	Manufacturer
ULTRA-FINE PEN NEEDLE 31G X 8MM	83017-0109-03	200 per month	Embecta Medical
ULTRA-FINE PEN NEEDLE 31G X 5MM	83017-0119-03	200 per month	Embecta Medical
NANO PEN NEEDLE 32G X 4MM	83017-0122-03	200 per month	Embecta Medical
NANO 2 GEN PEN NEEDLE 32G X 4MM	83017-0550-03	200 per month	Embecta Medical
ULTRA-FINE PEN NEEDLE 32G X 6MM	83017-0749-03	200 per month	Embecta Medical
ULTRA-FINE PEN NEEDLE 29G X 12.7MM	83017-8203-03	200 per month	Embecta Medical
AUTOSHIELD DUO PEN NEEDLE 30G X 5MM	83017-9515-03	200 per month	Embecta Medical
TRUEPLUS PEN NEEDLE 29G X 1/2"	56151-2110-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE 31G X 3/16"	56151-2111-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE 31G X 1/4"	56151-2112-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE 31G X 5/16"	56151-2113-01	200 per month	Trividia Health, Inc
TRUEPLUS PEN NEEDLE 32G X 5/32"	56151-2114-01	200 per month	Trividia Health, Inc

Insulin Syringes			
Product Name	NDC	Quantity Limit	Manufacturer
ULTRA-FINE SYR 0.3 ML 31G X 6MM	83017-4909-03	200 per month	Embecta Medical
ULTRA-FINE 0.3ML 31G X 6MM (1/2)	83017-4910-03	200 per month	Embecta Medical

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Insulin Syringes			
Product Name	NDC	Quantity Limit	Manufacturer
ULTRA-FINE SYR 0.5 ML 31G X 6MM	83017-4911-03	200 per month	Embecta Medical
ULTRA-FINE INS SYR 1ML 31G X 6MM	83017-4912-03	200 per month	Embecta Medical
INS SYR U-500 0.5 ML 31G X 6MM	83017-6730-03	200 per month	Embecta Medical
ULTRA-FINE SYR 1 ML 30G X 12.7MM	83017-8411-03	200 per month	Embecta Medical
ULTRA-FINE INS SYR 1ML 31G X 8MM	83017-8418-03	200 per month	Embecta Medical
ULTRA-FINE 0.3 ML 30G X 12.7MM	83017-8431-03	200 per month	Embecta Medical
ULTRA-FINE SYR 0.3 ML 31G X 8MM	83017-8438-03	200 per month	Embecta Medical
ULTRA-FINE 0.3ML 31G X 8MM (1/2)	83017-8440-03	200 per month	Embecta Medical
ULTRA-FINE 0.5 ML 30G X 12.7MM	83017-8466-03	200 per month	Embecta Medical
ULTRA-FINE SYR 0.5 ML 31G X 8MM	83017-8468-03	200 per month	Embecta Medical
TRUEPLUS SYR 0.5ML 28G X 1/2"	56151-1702-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 1ML 28G X 1/2"	56151-1703-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 0.3ML 29G X 1/2"	56151-1711-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 0.5ML 29G X 1/2"	56151-1712-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 1ML 29G X 1/2"	56151-1713-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 0.3ML 30G X 5/16"	56151-1721-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 0.5ML 30GX5/16"	56151-1722-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 1ML 30G X 5/16"	56151-1723-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 0.3ML 31G X 5/16"	56151-1731-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 0.5ML 31G X 5/16"	56151-1732-01	200 per month	Trividia Health, Inc.
TRUEPLUS SYR 1ML 31G X 5/16"	56151-1733-01	200 per month	Trividia Health, Inc.

Control Solutions			
Product Name	NDC	Quantity Limit	Manufacturer
ACCU-CHEK AVIVA SOLUTION	65702-0107-10	1 per 3 months	Roche, Inc

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Control Solutions			
Product Name	NDC	Quantity Limit	Manufacturer
ACCU-CHEK GUIDE L1-L2 CTRL SOL	65702-0688-10	1 per 3 months	Roche, Inc
ACCU-CHEK GUIDE L1-L2 CTRL SOL	65702-0713-10	1 per 3 months	Roche, Inc
ACCU-CHEK SMARTVIEW CONTRL SOL	65702-0488-10	1 per 3 months	Roche, Inc
ACCUTREND GLUCOSE CONTROL	65702-0275-10	1 per 3 months	Roche, Inc
TRUE METRIX LEVEL 1 CTRL SOLN	21292-0006-23	1 per 3 months	Trividia Health, Inc
TRUE METRIX LEVEL 1 CTRL SOLN	56151-1450-01	1 per 3 months	Trividia Health, Inc
TRUE METRIX LEVEL 2 CTRL SOLN	21292-0006-24	1 per 3 months	Trividia Health, Inc
TRUE METRIX LEVEL 2 CTRL SOLN	56151-1450-02	1 per 3 months	Trividia Health, Inc
TRUE METRIX LEVEL 3 CTRL SOLN	21292-0006-25	1 per 3 months	Trividia Health, Inc
TRUE METRIX LEVEL 3 CTRL SOLN	56151-1450-03	1 per 3 months	Trividia Health, Inc

Miscellaneous Supplies			
Product Name	NDC	Quantity Limit	Manufacturer
Lancets	ALL	200 per month	ALL
Lancing Devices	ALL	1 per 6 months	ALL
Urine Test Tabs or Reagent Strips	ALL	200 per month	ALL