

DIABETIC SUPPLY COVERAGE CHANGES – OCTOBER 1, 2011:

Please see below for an update to the list of covered diabetic supplies effective as of October 1, 2011.

The Georgia Department of Community Health has awarded co-preferred status to Abbott Diagnostics and Prodigy Diabetes Care for testing strips and diabetic glucose meters.

TEST STRIPS:

Effective October 1, 2011, **only** the following Abbott Diagnostics and Prodigy Diabetes Care test strip product ID's are eligible for rebates and will be covered.

Georgia Medicaid/PeachCare for Kids Test Strip Product List Effective October 1, 2011					
Product ID	Product Name	Manufacturer	Product ID	Product Name	Manufacturer
99073070822	FREESTYLE LITE TEST STRIPS	ABBOTT DC	57599972804	PRECISION TEST XTRA	ABBOTT DC
99073070827	FREESTYLE LITE TEST STRIPS	ABBOTT DC	57599987705	PRECISION TEST XTRA	ABBOTT DC
99073012050	FREESTYLE TEST STRIPS	ABBOTT DC	08484072500	PRODIGY NO CODING TEST STRIPS	PRODIGY DC
99073012101	FREESTYLE TEST STRIPS	ABBOTT DC			

METERS:

Covered meters by Abbott Diagnostics and Prodigy Diabetes Care should be adjudicated to the respective company for reimbursement. As of October 1, 2010, the Outpatient Fee-For-Service (FFS) Pharmacy Program no longer reimburses providers for meters.

See below for information related to **Abbott Diagnostics Meters:**

- **No Charge Meter Coupons:** Abbott Diabetes Care sales representatives will be visiting network pharmacy stores beginning in September distributing no-charge meter cards that provide a unique ID number and billing instructions. If your store has an urgent need for meter adjudication cards you may call Brian Deal, the local Abbott Diabetes Care Retail Sales Specialist, at 706-424-2230.

See below for information related to **Prodigy Meters:**

- Providers may contact Prodigy directly at 1-866-540-4786 for questions related to meters and test strips.

To process claims for Prodigy meters for Georgia DCH Medicaid meters, submit them to:
NPS BIN#: 610494
GROUP #: PGY3
PCN#: 3333
ID#: PGY38633134
RXSolutions (working with NPS) HelpDesk number for issues on meter adjudications: 1-800-510-4836

A 2nd diagnostic meter is available for GA Medicaid FFS Members who are in school and 18 years of age and younger.

INSULIN SYRINGES:

The following Becton Dickinson (BD) syringe product ID's are eligible for rebates and will be covered.

Georgia Medicaid/PeachCare for Kids Covered Insulin Syringe Product List – Preferred Brands Effective 10/01/2011					
Product ID	Product Name	Manufacturer	Product ID	Product Name	Manufacturer
08290328430	INSULIN SYRG MIS 0.3/28G	BD CONSUMER	08290328466	INSULIN SYRG MIS 0.5/30G	BD CONSUMER
08290843002	INSULIN SYRG MIS 0.3/28G	BD CONSUMER	08290846601	INSULIN SYRG MIS 0.5/30G	BD CONSUMER
08290328431	INSULIN SYRG MIS 0.3/30G	BD CONSUMER	08290328468	INSULIN SYRG MIS 0.5/31G	BD CONSUMER
08290843101	INSULIN SYRG MIS 0.3/30G	BD CONSUMER	08290846801	INSULIN SYRG MIS 0.5/31G	BD CONSUMER
08290328438	INSULIN SYRG MIS 0.3/31G	BD CONSUMER	08290328410	INSULIN SYRG MIS 1ML/28G	BD CONSUMER
08290328440	INSULIN SYRG MIS 0.3/31G	BD CONSUMER	08290841002	INSULIN SYRG MIS 1ML/28G	BD CONSUMER
08290843801	INSULIN SYRG MIS 0.3/31G	BD CONSUMER	08290328411	INSULIN SYRG MIS 1ML/30G	BD CONSUMER
08290844001	INSULIN SYRG MIS 0.3/31G	BD CONSUMER	08290841101	INSULIN SYRG MIS 1ML/30G	BD CONSUMER
08290328465	INSULIN SYRG MIS 0.5/28G	BD CONSUMER	08290841801	INSULIN SYRG MIS 1ML/30G	BD CONSUMER
08290846502	INSULIN SYRG MIS 0.5/28G	BD CONSUMER	08290328418	INSULIN SYRG MIS 1ML/31G	BD CONSUMER

PEN NEEDLES:

The following Owen Mumford pen needle product ID's are eligible for rebates and will be covered.

Georgia Medicaid/PeachCare for Kids Pen Needle Product List – Preferred Brands Effective October 1, 2011					
Product ID	Product Name	Manufacturer	Product ID	Product Name	Manufacturer
08517352936	1ST TIER UNI MIS 29GX12MM	OWEN MUMFORD	08470119001	UNIFINE PNTP MIS 31GX6MM	OWEN MUMFORD
08517359036	1ST TIER UNI MIS 31GX6MM	OWEN MUMFORD	08470113001	UNIFINE PNTP MIS 31GX8MM	OWEN MUMFORD
08517353036	1ST TIER UNI MIS 31GX8MM	OWEN MUMFORD	08470359001	UNIFINE PNTP MIS 6MM	OWEN MUMFORD
08470352901	UNIFINE PNTP MIS 29GX12MM	OWEN MUMFORD	08470353001	UNIFINE PNTP MIS 8MM	OWEN MUMFORD

LANCETS:

The following Owen Mumford lancet product ID's are eligible for rebates and will be covered.

Georgia Medicaid/PeachCare for Kids Lancet Product List Effective October 1, 2011					
Product ID	Product Name	Manufacturer	Product ID	Product Name	Manufacturer
08470043001	COMFORTOUCH MIS LANCET	OWEN MUMFORD	08470053001	UNILET EX II MIS 28G	OWEN MUMFORD
08470043501	COMFORTOUCH MIS LANCET	OWEN MUMFORD	08470053501	UNILET EX II MIS 28G	OWEN MUMFORD
08470046001	COMFORTOUCH MIS LANCET	OWEN MUMFORD	08470051001	UNILET EXCEL MIS 23G	OWEN MUMFORD
08470046501	COMFORTOUCH MIS LANCET	OWEN MUMFORD	08470051501	UNILET EXCEL MIS 23G	OWEN MUMFORD
08517025736	UNILET CMFR MIS TCH 28G	OWEN MUMFORD	08470092001	UNILET GP 28 ULTRA THIN	OWEN MUMFORD
08517065736	UNILET CMFR MIS TCH 30G	OWEN MUMFORD	08470092501	UNILET GP 28 ULTRA THIN	OWEN MUMFORD

LANCET DEVICE:

The following Owen Mumford lancet device product ID is eligible for rebates and will be covered.

Georgia Medicaid/PeachCare for Kids Lancet Device Product List Effective October 1, 2011		
Product ID	Product Name	Manufacturer
08470027001	AUTOLET LANCET MIS DEVICE	OWEN MUMFORD

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance – Pharmacy Services Unit 404-656-4044