

The Preferred Diabetic Supply List was created to assist providers and members in selecting preferred blood glucose testing monitors and testing supplies.

The following preferred blood glucose test strips will be covered:

- LifeScan: OneTouch Ultra, OneTouch Ultra Blue and OneTouch Verio Test Strips
- Roche: Accu-Chek Compact Plus, Accu-Chek Aviva Plus, Accu-Chek SmartView and Accu-Chek Guide

For Continuous Glucose Monitoring system (CGM), the following preferred CGM supplies will be covered:

- DexCom
- FreeStyle Libre

Updates to the list are published periodically. The tables below provide an updated list of all products.

| <b>BLOOD GLUCOSE MONITOR</b>  | <b>CORRESPONDING BLOOD GLUCOSE TEST STRIP</b>      | <b>MANUFACTURER</b>    | <b>PRODUCT ASSISTANCE TELEPHONE #</b> |
|---|--|------------------------|---------------------------------------|
| Accu-Chek Aviva Plus Blood Glucose Monitoring System                            | Accu-Chek Aviva Plus Test Strips                   | Roche Diabetes Care    | <b>1-800-858-8072</b>                 |
| Accu-Chek Compact Plus Blood Glucose Monitoring System                          | Accu-Chek Compact Plus Test Strips                 | Roche Diabetes Care    | <b>1-800-858-8072</b>                 |
| Accu-Chek Guide and Accu-Chek Guide Me Blood Glucose Monitoring Systems         | Accu-Chek Guide Test Strips                        | Roche Diabetes Care    | <b>1-800-858-8072</b>                 |
| Accu-Chek Nano Blood Glucose Monitoring System                                  | Accu-Chek SmartView Test Strips                    | Roche Diabetes Care    | <b>1-800-858-8072</b>                 |
| OneTouch Ultra family of Blood Glucose Monitoring Systems                       | OneTouch Ultra and OneTouch Ultra Blue Test Strips | OneTouch Customer Care | <b>1-800-227-8862</b>                 |
| OneTouch Verio Flex and OneTouch Verio Reflect Blood Glucose Monitoring Systems | OneTouch Verio Test Strips                         | OneTouch Customer Care | <b>1-800-227-8862</b>                 |

| CGM RECEIVER/READER  | CORRESPONDING SENSOR/TRANSMITTER          | MANUFACTURER                       | PRODUCT ASSISTANCE TELEPHONE # |
|--|---|------------------------------------|--------------------------------|
| Dexcom G6 Receiver Device                                    | Dexcom G6 Sensor<br>Dexcom G6 Transmitter | Dexcom Care Team                   | <b>1-888-738-3646</b>          |
| Dexcom G7 Receiver Device                                    | Dexcom G7 Sensor                          | Dexcom Care Team                   | <b>1-888-738-3646</b>          |
| FreeStyle Libre 14 Day Reader Device                         | FreeStyle Libre 14 Day Sensor             | FreeStyle Libre Customer Care Team | <b>1-855-632-8658</b>          |
| FreeStyle Libre Reader Device                                | FreeStyle Libre Sensor                    | FreeStyle Libre Customer Care Team | <b>1-855-632-8658</b>          |
| FreeStyle Libre 2 Reader Device                              | FreeStyle Libre 2 Sensor                  | FreeStyle Libre Customer Care Team | <b>1-855-632-8658</b>          |
| App on a Smart Device (e.g., your Smartphone, Tablet, etc..) | FreeStyle Libre 3 Sensor                  | FreeStyle Libre Customer Care Team | <b>1-855-632-8658</b>          |

**Reimbursement and billing guidance**

Diabetic supply claims for all members must be submitted as pharmacy claims at an in-network pharmacy via point-of-sale (POS). It is important to note that claims for blood glucose monitors are submitted using the manufacturer voucher and claims for blood glucose testing strips are submitted, using the plan’s benefit.

**Blood glucose monitors**

Blood glucose monitors must be submitted directly to the manufacturer by an in-network retail pharmacy. The table below provides the information a pharmacy needs to receive a free monitor; the bank identification code (BIN), process control number (RxPCN), Group, and ID number.

| Accu-Chek® Guide Me or Accu-Chek® Guide |        |          |           |         |
|---|--------|----------|-----------|---------|
| BIN#                                    | RxPCN# | Group#   | ID#       | Issuer# |
| 610524                                  | 1016   | 40026479 | 969608977 | 80840   |

| LifeScan OneTouch Verio Flex |       |           |              |
|------------------------------|-------|-----------|--------------|
| BIN#                         | RxPCN | Group ID# | ID#          |
| 601341                       | OHS   | OH6504141 | NOCHARGEMETR |

**Blood glucose testing strips**

For all members, claims for blood glucose testing strips must be submitted using the plan’s member ID card which includes Member ID, BIN, PCN and RX Group, the same information used for drug claims.

**CGMs**

For all members, claims for CGM supplies must be submitted using the plan’s member ID card which includes Member ID, BIN, PCN and RX Group, the same information used for drug claims.

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