

NYRx Preferred Diabetic Supply Program Resource

October 1, 2025

Background

On October 1, 2009, per [Social Services Law Chapter 55, Article 5 Title 11, Section 365-a\[2\]\[g\]](#) New York State (NYS) implemented a Preferred Diabetic Supply Program (PDSP) for NYRx, the Medicaid Pharmacy Program. Members may obtain preferred blood glucose monitors, diabetic test strips, lancets, continuous glucose monitors (CGM), and disposable insulin pumps from their NYS Medicaid-enrolled pharmacy. The pharmacy [lookup tool](#) can help locate a Medicaid-enrolled pharmacy.

NYRx coverage of preferred blood glucose test strips and lancets for members with diabetes aligns with [Medicare Coverage of Diabetes Supplies](#).

PDSP Coverage Criteria and/or Quantity Limits

Preferred Diabetic Test Strips and Lancets

- Diagnosis of type 1 or type 2 diabetes or gestational diabetes
- For members who use insulin: up to 300 test strips and lancets per 90 days
- For members that don't use insulin: up to 100 test strips and lancets per 90 days

Preferred Continuous Glucose Monitors

- Diagnosis of gestational diabetes, or
- Diagnosis of type 1 or type 2 diabetes **and**:
 - Ordering provider is enrolled in Medicaid and is an endocrinologist or provider with experience in diabetes treatment, **and**
 - Member is compliant with regular visits to review CGM data with their provider, **and**
 - Member is on self-administered insulin or an insulin pump, **and**
 - Member or member caregivers can hear and view CGM alerts and respond appropriately

Preferred Disposable Insulin Pumps

- Diagnosis of gestational diabetes, or
- Diagnosis of type 1 or type 2 diabetes **and**:

- Ordering provider is enrolled in Medicaid and is an endocrinologist or provider who has experience managing patients on continuous subcutaneous insulin infusion therapy, **and**
- Member has been on a program of multiple daily injections of insulin (i.e., at least three injections per day) with frequent self-adjustments of their insulin dose for at least six months prior to initiation of the insulin pump and has failed to achieve acceptable control of blood sugars that are not explained by poor motivation or compliance, **and**
- Member has completed a comprehensive diabetes education program and meets one or more of the following criteria while receiving multiple daily injections:
 - HbA1c > 7%
 - History of recurring hypoglycemia
 - Wide fluctuations in blood glucose before mealtime (> 140 mg/dL)
 - Dawn phenomenon in a fasting state (>200 mg/dL)
 - History of severe glycemic excursions

Prior Authorization for Diabetic Supplies

NYRx, the Medicaid Pharmacy Program, accepts electronic prior authorization (ePA) requests via [CoverMyMeds®](#). Electronic prior authorization is the most effective and efficient way to submit a prior authorization. For more information, please refer to [NYRx Electronic Prior Authorization via CoverMyMeds How-To Guide: Prescribers, Prescriber's Authorized Agents, and Pharmacies](#).

Prior authorization (PA) requests for preferred products can also be submitted by phone at 1-877-309-9493 or by fax at 1-800-268-2990 to the NYRx Clinical Call Center. Utilize the following PA worksheets for **preferred products only**:

- [Continuous Glucose Monitor \(CGM\) Prior Authorization Request Form](#)
- [Preferred Insulin Pump or Patch Prior Authorization Request Form](#)

If there is a medical reason a preferred product does not meet a member's needs, such as visual impairment, a PA will be required for a non-preferred product. To request a PA for a non-preferred product, the prescriber must utilize the DME, Dispensing Validation System (DVS), which can be accessed through [ePACES](#), a web-based application that allows prescribers to request and receive Health Insurance Portability and Accountability Act (HIPAA)-compliant transactions. For more information about obtaining a PA for a non-preferred product, refer to the [eMedNY Medicaid Eligibility Verification System \(MEVS\) and Dispensing Validation System \(DVS\) Provider Manual](#).

For information about billing non-preferred products, refer to the [eMedNY New York State 150003 Billing Guidelines](#).

When billing for Medicare members (dually eligible for Medicare and Medicaid), the National Drug Code (NDC) should be used as required when Medicare has approved "0".

Questions About PDSP

- For pharmacy claims processing questions, contact the eMedNY call center at 1-800-343-9000
- For preferred diabetic supply program policy questions, contact the NYRx Pharmacy Policy unit at 1-518-486-3209 or NYRx@health.ny.gov.
- For preferred diabetic supply coverage criteria questions or support with submitting a PA for a preferred product, contact the NYRx Education & Outreach team at 1-833-967-7310 or NYRxEO@primetherapeutics.com.
- For non-preferred product questions and PA information, contact the Office of Health Insurance Programs Operations (OHIP) at 1-800-342-3005.

See the next page for the list of preferred diabetic supplies.

For the specific covered NDCs, see the [Medicaid Pharmacy List of Reimbursable Drugs](#). To use the Search tool, choose **Description OR Generic Name** as the **Field**, enter the name of the product as the **Value**, and then click **Search**.



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Preferred Meters

CONTOUR NEXT EZ METER SYSTEM
CONTOUR NEXT GEN METER
CONTOUR NEXT ONE METER
CONTOUR PLUS BLUE METER
FREESTYLE FREEDOM LITE METER
FREESTYLE LITE METER
FREESTYLE PRECISION NEO METER
PRECISION XTRA MONITOR

Preferred Test Strips

CONTOUR TEST STRIPS
CONTOUR NEXT TEST STRIPS
CONTOUR PLUS TEST STRIPS
FREESTYLE INSULINX TEST STRIPS
FREESTYLE LITE TEST STRIPS
FREESTYLE PREC NEO TEST STRIPS
FREESTYLE TEST STRIPS
PRECISION XTRA TEST STRIPS
PRECISION XTR B-KETONE STRIPS
TRUEPLUS KETONE TEST STRIPS

Preferred CGMs and Other

CEQR SIMPLICITY 2U 4DAY PATCH
CEQR SIMPLICITY INSERTER
DEXCOM G6 RECEIVER
DEXCOM G6 SENSOR
DEXCOM G6 TRANSMITTER
DEXCOM G7 RECEIVER
DEXCOM G7 SENSOR
FREESTYLE LIBRE 14 DAY SENSOR
FREESTYLE LIBRE 2 PLUS SENSOR
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR
FREESTYLE LIBRE 3 PLUS SENSOR
FREESTYLE LIBRE 3 READER
FREESTYLE LIBRE 3 SENSOR
OMNIPOD 5 (G6/LIBRE 2 PLUS)
OMNIPOD 5 DEXG7G6 INTRO (GEN 5)
OMNIPOD 5 DEXG7G6 PODS (GEN 5)
OMNIPOD 5 INTRO (G6/LIBRE2PLUS)
OMNIPOD DASH PODS (GEN 4) 5PK
TWIIST REFILL KT (CSST-NDL-SYR)
TWIIST RFL (INFUS-CSST-NDL-SYR)
TWIIST STARTER KIT