Division of Medical Services
Medicaid Pharmacy Program
P.O. Box 1437, Slot S415, Little Rock, AR 72203-1437
P: 501.683.4120 F: 800-424-5851

September 15, 2025
RE: Updates on diabetic supplies

Prescribers and pharmacists,

The Arkansas Medicaid Pharmacy Program routinely reviews pricing of certain products, which may result in a Capped Upper Limit (CAP) Capped Upper Limit at the NDC level, or issue a State Medicaid Maximum Allowable Cost (SMAC or MAC) rate at the GSN level or grouping of products Maximum Allowable Cost.

These CAPs and MACs are a pricing standard used to determine the maximum allowable cost for drugs or products under Medicaid programs. These rates are established using a vendor-assisted methodology and is applied to both brand and generic drug products in each drug group. The CAP and MAC rates are regularly reviewed to reflect changes in drug availability and current pricing, ensuring that pharmacies have access to necessary medications at competitive prices.

Lancets and lancing devices will have a MAC effective 11/1/2025.

Effective 10/1/2025, there will be a few changes to the preferred products for the diabetic supplies. Multiple products are being removed from the market. Listed below are the preferred products effective 10/1/2025. Any product not listed below will be considered non-preferred and requires documentation of the medical necessity over preferred options. For patients already maintained on a non-preferred product, please fax information to 800-424-7976 to request continuation. Products being removed from the market will remain non-preferred until no supplies are available, and then the discontinued product will be changed to excluded in the system.

BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND INSULIN SYRINGES WITH LIMITATIONS		
Manufacturer	**Product Name**	**Limitation without CGM**
VARIOUS MANUFACTURERS	INSULIN SYRINGES	N/A
	INSULIN PEN NEEDLES	
VARIOUS MANUFACTURERS	LANCETS	200 per 31 days
	LANCING DEVICE	1 per 186 days
	CALIBRATION SOLUTION	1 bottle per 31 days
	URINE REAGENT STRIPS	200 per 31 days

BLOOD GLUCOSE METERS (BGMs) AND LIMITATIONS		
Manufacturer	Product Name	Limitation
ABBOTT	FREESTYLE FREEDOM LITE METER	1 meter per 365 days
ABBOTT	FREESTYLE LITE METER	
ABBOTT	FREESTYLE PRECISION NEO METER	
ABBOTT	PRECISION XTRA METER	
TRIVIDIA HEALTH	TRUE METRIX METER	
TRIVIDIA HEALTH	TRUE METRIX AIR METER	
TRIVIDIA HEALTH	RELION TRUE METRIX AIR METER	
BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND INSULIN SYRINGES WITH LIMITATIONS		
Manufacturer	Product Name	Limitation without CGM
ABBOTT	FREESTYLE INSULINX TEST STRIPS	200 per 31 days
ABBOTT	FREESTYLE LITE TEST STRIPS	
ABBOTT	FREESTYLE TEST STRIPS	
ABBOTT	FREESTYLE PRECISION NEO TEST STRIPS	
ABBOTT	PRECISION XTRA TEST STRIPS	
TRIVIDIA HEALTH	TRUE METRIX TEST STRIPS	
TRIVIDIA HEALTH	RELION TRUE METRIX TEST STRIPS	

CONTINUOUS GLUCOSE MONITOR (CGM) PRODUCTS AND LIMITATIONS		
Manufacturer	Product Name	Limitation
DEXCOM	DEXCOM G6 RECEIVER	1 per 365 days
DEXCOM	DEXCOM G6 SENSOR	3 per 30 days
DEXCOM	DEXCOM G6 TRANSMITTER	1 every 90 days
DEXCOM	DEXCOM G7 RECEIVER	1 per 365 days
DEXCOM	DEXCOM G7 SENSOR	3 per 30 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 SENSOR	2 per 28 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 PLUS SENSOR	2 per 28 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 READER	1 per 365 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 3 SENSOR	2 per 28 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 3 PLUS SENSOR	2 per 28 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 3 READER	1 per 365 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 14 DAY SENSOR	2 per 28 days

INSULIN PUMP PRODUCTS AND LIMITATIONS		
Manufacturer	Product Name	Limitations
CEQUR	CEQUR SIMPLICITY 4-DAY INSULIN PATCH	8 patches (1 box) per 30 days
CEQUR	CEQUR SIMPLICITY INSERTER	N/A
INSULET	OMNIPOD DASH PODS	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD-5 DEX G7-G6 PODS	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD-5 DEX G7-G6 INTRO KIT	1 per 365 days
INSULET	OMNIPOD-5 G6/LIBRE 2 PLUS	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD-5 G6/LIBRE 2 PLUS INTRO KIT	1 per 365 days

For any questions, contact the Prime Therapeutics Help Desk at 800-424-7895.

Sincerely,

Cynthia Neuhofel, Pharm.D.
DMS Assistant Director/Pharmacy Director