

ForwardHealth **UPDATE**

Wisconsin serving you

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POLICY CHANGE FOR PREFERRED BLOOD GLUCOSE METERS AND TEST STRIPS

Effective May 15, 2025, LifeScan OneTouch blood glucose meters and test strips will **no longer be preferred** on the ForwardHealth Diabetic Supply List.

Members who were previously prescribed blood glucose meters or test strips manufactured by LifeScan will need new prescriptions for a preferred product. Pharmacy providers should begin working with prescribers to transition members using LifeScan OneTouch blood glucose meters or test strips to preferred products from a preferred manufacturer.

Providers may refer to the Diabetic Supply List Quick Reference on the [Pharmacy Resources](#) page of the ForwardHealth Portal (the Portal) for the most current list of preferred blood glucose meters and test strips and covered diabetic supplies. Refer to the ForwardHealth Online Handbook Requesting Prior Authorization for Non-preferred Diabetic

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Blood Banks, Community Health Centers, Dentists, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Pharmacists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(49) and Wis. Admin. Code § DHS 107.10.



Supplies topic ([#16457](#)) for more information about non-preferred diabetic supplies.

Diabetic supplies are not covered for SeniorCare members.

Prior Authorization Criteria for Non-Preferred Diabetic Supplies

Non-preferred diabetic supplies require prior authorization (PA).

Providers may submit PA requests for non-preferred blood glucose meters and test strips. To receive PA for non-preferred blood glucose meters and test strips, members must meet **one** of these criteria:

- The member uses an insulin pump that requires the use of a non-preferred meter.
- The member has a medical condition, such as visual impairment, that requires the use of a specialized (talking), non-preferred meter.
- The member is unable to use any of the preferred products, and their providers have clinical reasons for supporting the use of a non-preferred product.

Providers must submit a PA request using the Prior Authorization Drug Attachment for Blood Glucose Meters and Test Strips form, F-00239 (12/2013). PA requests may be submitted on the Portal, by fax, or by mail.

If the clinical criteria for non-preferred blood glucose meters and/or test strips are met, initial PA requests may be approved for up to one year.

Quantity limits continue to apply for diabetic supplies. Refer to the Quantity Limit Drugs and Diabetic Supplies data table on the [Pharmacy Resources](#) page of the Portal for the most current quantity limits.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements.

QUICK LINKS

- [Requesting Prior Authorization for Non-preferred Diabetic Supplies topic #16457](#)
- [Pharmacy Resources](#) page

REMINDER

Providers submitting a Prior Authorization Drug Attachment for Blood Glucose Meters and Test Strips form must also complete the Prior Authorization Request Form (PA/RF), F-11018 (05/2013). Providers can find current PA forms on the [Forms](#) page of the Portal.

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Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This ForwardHealth Update applies to Family Care, Family Care Partnership, BadgerCare Plus, and SSI Medicaid managed care program members because pharmacy services for members of these programs are provided on a fee-for-service basis. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are provided by the member's managed care organization.

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The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.