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Updates to Medicaid Coverage for Pen Needles, Lancets and Lancing Devices

Effective April 1, 2025, the below Pentips® Pen Needles, Unilet® Lancets and Autolet® Lancing Devices have been added to the Missouri HealthNet Preferred Diabetes Care Supply Listing. These quality products are available through all major pharmacy wholesalers and most regional distributors. A list of covered products, including Reimbursement Codes and major distributor item numbers, has been provided below for reference.

Covered Pen Needles								
Product Description	Box Ct	RC*	AB 6 #	AB 8 #	McK #	CIN #	MAD #	Smith #
Pentips®, 4mm x 32G	100	08470-3440-01	641803	10174880	3588340	5385687	292854	886895
Pentips®, 5mm x 31G	100	08470-3450-01	641790	10174879	3588373	5385703	292862	886903
Pentips®, 6mm x 32G	100	08470-3495-01	751763	10278089	2993376	5834999	N/A	N/A
Pentips®, 6mm x 31G	100	08470-3490-01	641787	10174878	3588399	5385711	293613	886911
Pentips®, 8mm x 31G	100	08470-3430-01	641753	10174875	3588407	5385729	293639	886929
Pentips®, 12mm x 29G	100	08470-3429-01	641779	10174877	3934627	N/A	293977	886937
Covered Lancets & Lancing Devices								
Unilet® Micro Thin, 33G	100	08470-0585-01	493623	10160662	3484383	5383534	468256	725705
Unilet® Super Thin, 30G	100	08470-0575-01	491530	10160459	3484375	5768585	466995	902452
Unilet® Ultra Thin, 28G	100	08470-0565-01	493650	10160673	3484359	5376058	466987	902460
Autolet® Lancing Device	1	08470-0270-01	741664	10038667	1655695	3672300	736975	080804
Autolet® Lite Lancing Device	1	08470-0279-01	TBD**	TBD**	TBD**	TBD**	TBD**	TBD**

*Reimbursement Code. **New product, item #s to be determined.

If you do not see your wholesaler on this list, or if your wholesaler does not have a product, reach out to usprograms@owenmumford.com

FORMULARY UPDATE
MO HealthNet COVERAGE UPDATE

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Time-Sensitive Information