



Medi-Cal Rx

Diabetic Supplies: Updates to the List of Contracted Diabetic Testing Supplies, Effective July 1, 2025

June 1, 2025

The [List of Contracted Diabetic Testing Supplies](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes is July 1, 2025.

Quantity limits for the following products have been updated to 1 every 90-day period, effective July 1, 2025:

| Manufacturer | Product Name | Medi-Cal 11-digit Billing Number (NDC) |
|--|---|--|
| Abbott Diabetes Care Sales Corporation | MediSense Glucose & Ketone Control Solution (High/Low, 2 vials) | 57599013901 |
| Abbott Diabetes Care Sales Corporation | MediSense Glucose & Ketone Control Solution (Mid only) | 57599031201 |
| Arkray USA | GLUCOCARD® Shine Control Solution (Level 1) | 08317540005 |
| Arkray USA | GLUCOCARD Expression Control Solution | 08317570005 |
| ForaCare®, Inc. | Control Solution (GDH), normal | 16042001200 |
| ForaCare, Inc. | Control Solution (GOD), normal | 98939000206 |
| ForaCare, Inc. | Control Solution Ketone, Level 1 | 16042001313 |
| Medline Industries, Inc. | Control Solution EvenCare G2 | 84389010254 |
| Omnis Health®, LLC | Embrace® WAVE™ Control Solution-Low | 94030000223 |
| Omnis Health, LLC. | Embrace TALK™ Control Solution-Low | 94030000287 |
| Roche Diabetes Care, Inc. | Accu-Chek® Aviva Control Solution | 65702010710 |
| Roche Diabetes Care, Inc. | Accu-Chek Guide Control Solution | 65702071310 |
| Simple Diagnostics® | Clever Choice™ Control Solution | 98302000103 |

| Manufacturer | Product Name | Medi-Cal 11-digit Billing Number (NDC) |
|------------------------|---------------------------------|--|
| Trividia Health®, Inc. | True Metrix® Control Solution 1 | 56151145001 |
| Trividia Health, Inc. | True Metrix Control Solution 2 | 56151145002 |
| Trividia Health, Inc. | True Metrix Control Solution 3 | 56151145003 |

Contractors have guaranteed that Medi-Cal Rx providers may purchase, upon request, for dispensing to eligible Medi-Cal members, covered products at or below the Maximum Acquisition Cost (MAC). Providers can locate MAC price suppliers by calling manufacturer phone numbers referenced in the *Lists* on the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Medi-Cal members denied coverage of a requested Medi-Cal Rx product have the right to a State Hearing. A State Hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

[State Hearings](#)

P.O. Box 944243, MS 21-37
Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

Medi-Cal members have the right and are encouraged to consult their primary care provider or prescriber to determine if an appropriate substitute product is available and covered by Medi-Cal Rx.

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@primetherapeutics.com.