



DATE: JUNE 25, 2025

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: [Allison Medical NDCs Being Removed From Diabetic Supplies Preferred List](#)

Status: Effective **July 1, 2025**, NDCs from Allison Medical that are currently preferred in the Insulin Pen Needles and Insulin Syringes categories will be removed from preferred status.

Below are the preferred products in the Insulin Pen Needles and Insulin Syringes categories effective July 1, 2025.

- Members who are newly prescribed pen needles or syringes, should be prescribed one of the preferred products from Embecta below.
- Members who are currently using Allison Medical products will need to be transitioned to one of the preferred products from Embecta **no later than August 31, 2025**.

Insulin Pen Needles

Manufacturer	Product Name	NDC/NRC	Quantity Limit
EMBECTA	BD UF SHORT PEN NEEDLE 8MMX31G	08290-3201-09	200 per month
EMBECTA	BD UF MINI PEN NEEDLE 5MMX31G	08290-3201-19	200 per month
EMBECTA	BD UF NANO PEN NEEDLE 4MMX32G	08290-3201-22	200 per month
EMBECTA	BD NANO 2 GEN PEN NDL 32GX4MM	08290-3205-50	200 per month
EMBECTA	BD NANO 2 GEN PEN NDL 32GX4MM	08290-3205-74	200 per month
EMBECTA	BD UF MICRO PEN NEEDLE 6MMX32G	08290-3207-49	200 per month
EMBECTA	BD UF ORIG PEN NDL 12.7MMX29G	08290-3282-03	200 per month
EMBECTA	BD AUTOSHIELD DUO NDL 5MMX30G	08290-3295-15	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA- MIS 31GX8MM	83017-0109-03	200 per month



Manufacturer	Product Name	NDC/NRC	Quantity Limit
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 31GX5MM	83017-0119-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/NANO/3 MIS 32GX4MM	83017-0122-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/NANO 2 MIS 32GX4MM	83017-0550-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 32GX6MM	83017-0749-03	200 per month
EMBECTA	EMBECTA PEN NEEDLE/ULTRA-MIS 29GX12.7	83017-8203-03	200 per month
EMBECTA	EMBECTA AUTOSHIELD DUO 30 MIS DUO PEN NEEDLE	83017-9515-03	200 per month

Insulin Syringes

Manufacturer	Product Name	NDC/NRC
EMBECTA	BD INSULIN SYRINGE UF 1 ML 12.7MMX30G	08290-3284-11
EMBECTA	BD INSULIN SYRINGE UF 1 ML 8MMX31G	08290-3284-18
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 12.7MMX30G	08290-3284-31
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 8MMX31G	08290-3284-38
EMBECTA	BD INSULIN SYRINGE UF 0.3ML 8MMX31G	08290-3284-40
EMBECTA	BD INSULIN SYRINGE UF 0.5ML 12.7MMX30G	08290-3284-66
EMBECTA	BD INSULIN SYRINGE UF 0.5ML 8MMX31G	08290-3284-68
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-06
EMBECTA	BD VEO INSULIN SYRINGE 0.5ML 6MMX31G	08290-3249-07
EMBECTA	BD VEO INSULIN SYRINGE 1ML 6MMX31G	08290-3249-08
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-09
EMBECTA	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-10
EMBECTA	BD VEO INSULIN SYRINGE 0.5ML 6MMX31G	08290-3249-11
EMBECTA	BD VEO INSULIN SYRINGE 1ML 6MMX31G	08290-3249-12



Manufacturer	Product Name	NDC/NRC
EMBECTA	BD INSULIN SYRINGE U-500 1-2ML 6MMX31G	08290-3267-30
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4909-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4910-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4911-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-4912-03
EMBECTA	EMBECTA INSULIN SYRINGE/U MIS 31GX6MM	83017-6730-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 1ML/30G	83017-8411-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 1ML/31G	83017-8418-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/30G	83017-8431-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/31G	83017-8438-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.3/31G	83017-8440-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.5/30G	83017-8466-03
EMBECTA	EMBECTA INSULIN SYRINGE U MIS 0.5/31G	83017-8468-03

The Kentucky Medicaid Diabetic Supplies Preferred Drug list can be found at the following location:
<https://kyportal.medimpact.com/provider-documents/drug-information>.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
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KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
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