



**** Fee-For-Service Pharmacy Provider Notice #249 – Diabetic Supply Changes ****

December 1, 2020

Please be advised that the Department for Medicaid Services (DMS) is making changes to the Diabetic Supplies Preferred Product List effective **January 1, 2021** for both Fee-For-Service (FFS) and Managed Care Organizations (MCOs). The following is a summary of coverage and preferred product list changes; please see the attached Preferred Diabetic Supply List for a list of products by national drug code (NDC). Products not shown on the Preferred Diabetic Supply List are non-preferred and require prior authorization.

- Continuous glucose meters (CGMs) and components will be covered at pharmacy point-of-sale.
 - Dexcom G6® products will be preferred without a prior authorization (PA).
- Blood glucose meters (BGMs) and strips coverage and preferred products remain the same.
 - Abbott Diabetes and LifeScan products will continue to be preferred without a PA.
- Insulin syringes and pen needles will be subject to a preferred product list.
 - Becton Dickinson (BD) insulin syringes and pen needles will be preferred without a PA.
- Disposable insulin pumps will be covered at pharmacy point-of-sale.
 - Omnipod DASH® products will be preferred without a PA.
- All lancets, lancing devices, and calibration/control solutions will remain covered without a PA.

Prior authorization of non-preferred BGMs, CGMS and disposable insulin pumps require trial of a preferred product, clinical rationale, or prescriber rationale that the preferred product cannot be used. Non-preferred pen needles and syringes can be authorized on a one-time basis in the case of shortages or outages.

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com for additional information or any questions you may have.

Sincerely,

Sha Leigh Hammons

ShaLeigh Hammons, CPhT

Account Manager I

kyproviders@magellanhealth.com

Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request.

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.



Diabetic Supplies Preferred Product List

Effective January 1, 2021

The following diabetic supplies are available at pharmacy point-of-sale without Prior Authorization (PA):

Continuous Glucose Meters (CGMs) and Components		
Manufacturer	Product Name	NDC*
DEXCOM	DEXCOM G6 TRANSMITTER	08627-0016-01
DEXCOM	DEXCOM G6 SENSOR	08627-0053-03
DEXCOM	DEXCOM G6 RECEIVER	08627-0091-11

*National Drug Code

Traditional Blood Glucose Meters (BGMs)			
Manufacturer	Product Name	NDC*	Limitation
ABBOTT DIABETES CARE	FREESTYLE FREEDOM LITE METER	99073-0709-14	1 per year
ABBOTT DIABETES CARE	FREESTYLE INSULINX GLUCOSE SYSTEM	99073-0711-43	
ABBOTT DIABETES CARE	FREESTYLE LITE METER	99073-0708-05	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO METER	57599-5175-01	
ABBOTT DIABETES CARE	PRECISION XTRA MONITOR	57599-8814-01	
LIFESCAN	ONE TOUCH ULTRA2 GLUCOSE SYSTEM	53885-0046-01	
LIFESCAN	ONE TOUCH VERIO FLEX SYSTEM KIT	53885-0044-01	
LIFESCAN	ONE TOUCH VERIO REFLECT SYSTEM	53885-0927-01	
Blood Glucose and Ketone Strips			
Manufacturer	Product Name	NDC*	Limitation
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	99073-0712-27	200 per month
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	99073-0712-31	
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	99073-0708-22	
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	99073-0708-27	
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	99073-0120-50	
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	99073-0121-01	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	57599-1577-01	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	57599-1579-04	
ABBOTT DIABETES CARE	PRECISION XTRA B-KETONE TEST STRIPS	57599-0745-01	
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	57599-9728-04	
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	57599-9877-05	
LIFESCAN	ONE TOUCH ULTRA BLUE TEST STRIPS	53885-0244-50	
LIFESCAN	ONE TOUCH ULTRA BLUE TEST STRIPS	53885-0245-10	
LIFESCAN	ONE TOUCH ULTRA BLUE TEST STRIPS	53885-0994-25	
LIFESCAN	ONE TOUCH VERIO TEST STRIPS	53885-0270-25	
LIFESCAN	ONE TOUCH VERIO TEST STRIPS	53885-0271-50	
LIFESCAN	ONE TOUCH VERIO TEST STRIPS	53885-0272-10	

*National Drug Code

Insulin Pen Needles			
Manufacturer	Product Name	NDC*	Limitation
BECTON DICKINSON	BD UF SHORT PEN NEEDLE 8MMX31G	08290-3201-09	200 per month
BECTON DICKINSON	BD UF MINI PEN NEEDLE 5MMX31G	08290-3201-19	
BECTON DICKINSON	BD UF NANO PEN NEEDLE 4MMX32G	08290-3201-22	
BECTON DICKINSON	BD NANO 2 GEN PEN NDL 32GX4MM	08290-3205-50	
BECTON DICKINSON	BD UF MICRO PEN NEEDLE 6MMX32G	08290-3207-49	
BECTON DICKINSON	BD UF ORIG PEN NDL 12.7MMX29G	08290-3282-03	
BECTON DICKINSON	BD AUTOSHIELD DUO NDL 5MMX30G	08290-3295-15	
Insulin Syringes			
Manufacturer	Product Name	NDC*	Limitation
BECTON DICKINSON	BD VEO INSULIN SYRINGE 0.3 ML 6MMX31G	08290-3249-09	N/A
BECTON DICKINSON	BD VEO INSULIN SYRINGE 0.3ML 6MMX31G	08290-3249-10	
BECTON DICKINSON	BD VEO INSULIN SYRINGE 0.5 ML 6MMX31G	08290-3249-11	
BECTON DICKINSON	BD VEO INSULIN SYRINGE 1 ML 6MMX31G	08290-3249-12	
BECTON DICKINSON	BD INSULIN SYRINGE U-500 1-2ML 6MMX31G	08290-3267-30	
BECTON DICKINSON	BD INSULIN SYRINGE UF 1 ML 12.7MMX30G	08290-3284-11	
BECTON DICKINSON	BD INSULIN SYRINGE UF 1 ML 8MMX31G	08290-3284-18	
BECTON DICKINSON	BD INSULIN SYRINGE UF 0.3ML 12.7MMX30G	08290-3284-31	
BECTON DICKINSON	BD INSULIN SYRINGE UF 0.3 ML 8MMX31G	08290-3284-38	
BECTON DICKINSON	BD INSULIN SYRINGE UF 0.3 ML 8MMX31G	08290-3284-40	
BECTON DICKINSON	BD INSULIN SYRINGE UF 0.5ML 12.7MMX30G	08290-3284-66	
BECTON DICKINSON	BD INSULIN SYRINGE UF 0.5 ML 8MMX31G	08290-3284-68	

*National Drug Code

Disposable Insulin Pumps and Components		
Manufacturer	Product Name	NDC*
INSULET	OMNIPOD DASH 5 PACK POD	08508-2000-05
INSULET	OMNIPOD 5 PACK POD	08508-1120-05
INSULET	OMNIPOD DASH PDM KIT	08508-2000-00

*National Drug Code

Miscellaneous Supplies			
Manufacturer	Product Type	NDC*	Limitation
ALL	Lancets	ALL	200 per month
ALL	Lancing Device	ALL	1 per 6 months
ALL	Normal, Low & High Calibration Solution	ALL	
ALL	Urine Test Tabs or Reagent Strips	ALL	200 per month

*National Drug Code