

**\*\* Pharmacy Provider Notice #274 – Quantity Limits added to Disposable Diabetic Pumps and Components and Criteria for Continuous Glucose Meters (CGMs) \*\***

**June 6<sup>th</sup>, 2022**

Please be advised, the Department for Medicaid Services (DMS) is making changes to the Diabetic Supply List.

Disposable Insulin Pumps and Components (OMNIPOD and VGO) will have quantity limits as listed in the chart below.

Continuous Glucose Meters (CGMs) will have clinical criteria added. Please reference the criteria below.

**On July 7<sup>th</sup>, 2022 the following changes will be effective:**

Disposable Insulin Pumps and Components			
Manufacturer	Product Name	NDC*	Limitation
INSULET	OMNIPOD STARTER KIT	08508-1140-02	1 per 5 years
INSULET	OMNIPOD DASH 5 PACK POD	08508-2000-05	15 per 30 days
INSULET	OMNIPOD 5 PACK POD	08508-1120-05	15 per 30 days
INSULET	OMNIPOD DASH PDM KIT	08508-2000-00	1 per 5 years
INSULET	OMNIPOD 5 G6 PODS (GEN 5) 5PK	08508-3000-21	15 per 30 days
INSULET	OMNIPOD 5 G6 INTRO KIT (GEN 5)	08508-3000-01	1 per 5 years
INSULET	OMNIPOD DASH INTRO KIT (GEN 4)	08508-2000-32	1 per 5 years
ZEALAND	V-GO 40 DISPOSABLE DEVICE	08560-9400-01	30 per 30 days
ZEALAND	V-GO 30 DISPOSABLE DEVICE	08560-9400-02	30 per 30 days
ZEALAND	V-GO 20 DISPOSABLE DEVICE	08560-9400-03	30 per 30 days

**Clinical Criteria for approval of Continuous Glucose Meters (CGMs):**

**Length of authorization:** 1 year

**Approve if the patient has a diagnosis of:**

- Insulin-dependent T1 DM (ICD-10 group E10); **OR**
- Insulin-dependent T2 DM (ICD-10 group E11); **OR**
- Gestational DM (ICD-10 group O24); **AND**
- The patient is insulin dependent.

Thank you for helping Kentucky Medicaid members maintain access to cost effective medications by selecting drugs on the preferred drug list whenever possible. For any additional information or questions that you may have, please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for Fee-for-Service members or the Kentucky MedImpact team at [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members.



Sincerely,

*ShaLeigh Hammons, CPhT*

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Account Manager I

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
<b>Clinical Support Center</b>	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. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary.</b>
<b>Pharmacy Support Center</b>	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.
<b>Provider Services</b>	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.
<b>Member Services</b>	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.