



State of Vermont

Department of Vermont Health Access

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## \*\*Important Changes to Coverage for Continuous Glucose Monitoring (CGM) Systems and Supplies\*\*

Dear Medicaid Provider,

Effective 10/1/21, Continuous Glucose Monitoring (CGM) systems and supplies will be available <u>ONLY</u> through retail pharmacy channels and will no longer be accepted via DME provider channels. Prior authorization requirements that had been waived temporarily because of the COVID-19 Public Health Emergency will be reinstated. Prescribers may send prescriptions electronically to the pharmacy or hand write prescriptions for patients. Claims will adjudicate in "real time" through the Pharmacy Point of Sale (POS) system which will allow for faster and easier access for patients.

HCPCS Codes affected by the change: A9276 – Sensor, A9277 – Transmitter, and A9278 – Receiver (Monitor)

The following preferred products will be available through pharmacies ONLY (Medicare crossover claims will still process through the medical benefit and are excluded from this requirement), pending PA approval:

## PREFERRED PRODUCTS:

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
Dexcom G6 Transmitter	08627-0016-01	1 per 90 days
Dexcom G6 Sensor	08627-0053-03	9 sensors per 90 days
Dexcom G6 Receiver	08627-0091-11	1
Freestyle Libre (10-day) Sensor	57599-0000-19	9 sensors per 90 days
Freestyle Libre (10-day) Reader	57599-0000-21	1
Freestyle Libre (14-day) Sensor	57599-0001-01	6 sensors per 84 days
Freestyle Libre (14-day) Reader	57599-0002-00	1
Freestyle Libre 2 Sensor	57599-0800-00	6 sensors per 84 days
Freestyle Libre 2 Reader	57599-0803-00	1

## **NON-PREFERRED PRODUCTS:**

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
Medtronic Enlite Sensors (for use with the MM530G and Revel Pumps)	76300-0008-05	5 sensors per 35 days
Medtronic Guardian Sensor (for use with MM630G and MM670G pumps and the Guardian Connect	43169-0704-05	5 sensors per 35 days
Medtronic Guardian Sensor (for use with MM770G pump)	63000-0336-98	5 sensors per 35 days
Medtronic MiniLink Transmitter (includes Enlite serter)	76300-0725-01	1 per 90 days
Medtronic 670G Guardian Link 3 Transmitter Kit	43169-0955-68	1 per 90 days
Medtronic 770G Guardian Link 3 Transmitter Kit	63000-0316-99	1 per 90 days
Medtronic Guardian Connect Transmitter	76300-0002-60	1 per 90 days

Please refer to the Preferred Drug List for specific criteria for continuous glucose monitors: <a href="https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria">https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria</a>. For questions, please contact the Change Healthcare Pharmacy Help Desk at 844-679-5362. Vermont providers can also send inquiries via email to <a href="mailto:PBA\_VTHelpdesk@changehealthcare.com">PBA\_VTHelpdesk@changehealthcare.com</a>. Thank you for your continued support of Vermont's clinical pharmacy programs.

Nancy J. Hogue, Pharm.D.

**Director of Pharmacy Services**