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

Dear Medicaid Provider,

Effective 10/01/19, preferred Continuous Glucose Monitoring (CGM) systems and supplies will be available through retail pharmacy channels in addition to current DME provider channels. 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.

The process for prior authorization (PA) submission and the clinical criteria for use are also changing. The criteria and PA forms are posted on the DVHA website at: <http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria/view>. Regardless of whether you choose to use the retail pharmacy channel or the DME channel, all prior authorization requests must be submitted **via fax to Change Healthcare at 844-679-5366**. Prior authorization is required for both new and existing patients and will apply to all CGM supplies including transmitters, receivers, and sensors. Please note that many new devices do not require the use of a separate receiver, and patients may prefer to use a “smart device” such as a cell phone, in lieu of a receiver.

**Providers whose patients have a current PA on file and wish to transition from DME to the pharmacy benefit should contact Change Healthcare by phone to help ensure a smooth transition and minimize provider burden.**

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

Effective 10/01/19, the following products will be available through pharmacies and DME providers, pending PA approval:

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
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
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

The following NDC's will continue being dispensed via medical/DME channels only, pending PA approval:

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
Medtronic Enlite Sensors (for use with the MM530G and Revel Pumps)	76300-0008-05	
Medtronic Guardian Sensor (for use with MM630G and MM670G pumps and the Guardian Connect	43169-0704-05	
Medtronic MiniLink Transmitter (includes Enlite serter)	76300-0725-01	1 per 90 days
Medtronic 630G Guardian Press Starter Transmitter Kit	43169-0800-40	1 per 90 days
Medtronic 670G Guardian Link 3 Transmitter Kit	43169-0955-68	1 per 90 days
Medtronic Guardian Connect Transmitter	76300-0002-60	1 per 90 days

A 72-hour short term CGM trial is no longer required, and the PA will be removed for the following CPT codes: 95249, 95250, or 95251.

Approval of non-preferred products will be limited to cases where the CGM is directly integrated with the patient's insulin pump. The make and model of pump must be documented on the prior authorization.

For questions, please contact Laurie Brady at the Change Healthcare Pharmacy Help Desk at 1-802-922-9232. Vermont providers can also send inquiries via email to [PBA\\_VTHelpdesk@changehealthcare.com](mailto:PBA_VTHelpdesk@changehealthcare.com). Thank you for your continued support of Vermont's clinical pharmacy programs.

Nancy J. Hogue, Pharm.D.



Director of Pharmacy Services