December 30, 2019

Announcement 2061

# Diabetic Supply Policy Changes for Nevada Medicaid

Update to Web Announcement 2040: Nevada Medicaid Fee for Service and Nevada Check Up Fee for Service are transitioning coverage of insulin systems/pumps and supplies and Continuous Glucose Monitors (CGM) from being billed under Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) to being billed through the Pharmacy Point of Sale (POS) system. Policy is being created and added to Medicaid Services Manual (MSM) Chapter 1200 – Prescribed Drugs, to allow for coverage of insulin systems and supplies and CGM systems.

In conjunction with this change, the Division of Health Care Financing and Policy (DHCFP) created a list of preferred products. This will help the State lower diabetic supply expenditures without negatively affecting quality and access to care.

Effective with dates of service on or after, January 6, 2020, only the products below (and their corresponding test strips) will be covered. Recipients who are legally blind may obtain specialized monitors through the prior authorization process.

**Preferred Supplies**

| Description | NDC |
|---|---|
| **Preferred Continuous Glucose Monitors** | |
| G6 SENSOR 3-PACK, RETAIL - US - 3 | 08627-0053-03 |
| G6 RECEIVER KIT, RETAIL - US - 1 | 08627-0091-11 |
| G6 RETAIL TRANSMITTER KIT, DEXCOM - 1 | 08627-0016-01 |
| FreeStyle Libre 14-Day Reader | 57599-0002-00 |
| FreeStyle Libre 14-Day Sensor | 57599-0001-01 |
| **Preferred Insulin Delivery System** | |
| Omnipod Dash 5 pack Pods | 08508-2000-05 |

The preferred products for meters and test strips will remain the same: OneTouch® Ultra®, OneTouch® Verio® and Trividia Health True Metrix®.

**Diabetic Supply Program Prior Authorization Criteria:**

Diabetic Supplies are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the Social Security Administration (SSA) Act and/or approved by the Drug Use Review (DUR) Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

**Tubeless Insulin System**

Approval will be given if the following criteria are met and documented:

1. Recipient must have a documented diagnosis of Diabetes Mellitus Type I or Gestational Diabetes; and
2. The product must be prescribed by or in consultation with an endocrinologist; and
3. The recipient must meet all age restrictions stated in the manufacturer's label; and

4. The recipient must have been compliant on their current antidiabetic regimen for at least the last six months and this regimen must include multiple day injections of insulin (requiring at least three injections per day); and
5. One of the following:
    a. Documented history of recurring hypoglycemia; or
    b. Wide fluctuations in pre-meal blood glucose, history of severe glycemic excursions or experiencing "Dawn" phenomenon with fasting blood glucose exceeding 200 mg/dL; or
    c. Prior use of an insulin pump with documented frequency of glucose self-testing of at least four times per day in the month immediately prior to the request.

**Prior Authorization Guidelines**

1. Initial prior authorization approval will be for one year.
2. Prior authorization forms are available at: https://www.medicaid.nv.gov/providers/rx/rxforms.aspx

**Recertification Request**

1. Recertification of prior authorization approval will be given if the recipient has documented positive clinical response to the product (including current HbA1C).
2. Recertification prior authorization approval will be for one year.

**Continuous Glucose Monitors (CGMs)**

Approval will be given if the following criteria are met and documented:

1. Recipient must have a documented diagnosis of Diabetes Mellitus Type I or Gestational Diabetes; and
2. Recipient must meet all age restrictions stated in the manufacturer's label; and
3. Recipient must have been compliant on their current antidiabetic regimen for at least the last six months and this regimen must include multiple daily injections of insulin (requiring at least three injections per day); and
4. One of the following:
    a. Documented history of recurring hypoglycemia; or
    b. Wide fluctuations in pre-meal blood glucose, history of severe glycemic excursions, or experiencing "Dawn" phenomenon with fasting blood glucose exceeding 200 mg/dL; or
    c. Recipient is currently using insulin pump therapy while continuing to need frequent dosage adjustments or experiencing recurring episodes of sever hypoglycemia (50 mg/dL).

**Prior Authorization Guidelines**

1. Initial prior authorization approval will be for one year.
2. Prior authorization forms are available at: https://www.medicaid.nv.gov/providers/rx/rxforms.aspx

**Test Strips and Lancets**

Pharmacy Services billing information including Billing Manual and Quantity Limits is available at: https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx

A webpage devoted to the Diabetic Supply Program is located at: https://www.medicaid.nv.gov/providers/rx/diabeticsupplies.aspx

For complete coverage and limitations see Medicaid Services Manual Chapter 1200 online at: http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/

For billing questions, please contact the OptumRx Technical Center at (866) 244-8554.