

ARKANSAS MEDICAID
DEPARTMENT OF HUMAN SERVICES
PRIOR AUTHORIZATION CRITERIA AND PREFERRED PRODUCTS LIST
CONTACT THE PRIME THERAPEUTICS HELP DESK FOR ASSISTANCE
PHONE: 800-424-7895 FAX: 800-424-7976

| | |
|-----------------------------------|--|
| Drug/Drug Class: | Diabetic Supplies |
| First Implementation Date: | 8/1/2024 |
| Updated: | 5/22/2026 |
| Status Criteria: | Criteria Revision New Criteria Preferred List |
| NOTE: | <ul style="list-style-type: none"> • Pharmacy providers (provider type 07) may continue to submit all diabetic supply claims as NCPDP pharmacy claims. • Effective June 1, 2026, Arkansas Department of Human Services has added coverage for Adjunctive and Non-Adjunctive CGM and supply codes per ACT 623. DME providers (PT 16) have an option to submit A and E HCPCS prior authorization requests for CGM and supplies via CoverMyMeds or fax to Prime Therapeutics at 1-800-424-7976. DME providers (PT 16) with approved A and E HCPCS CGM prior authorization requests must then bill CGM claims in the provider portal consistent with other medical claims. <ul style="list-style-type: none"> -Providers submitting PA via Fax must submit the DME PA Request form for CGM -Providers submitting electronic Prior Authorization (ePA) via CoverMyMeds must submit the DME PA Request form for Attestation. • For members not using CGMs, DME providers (PT 16) must continue to submit other diabetic testing supplies (i.e., blood glucose meters and strips) as a pharmacy claim type process through the Prime portal. • DME providers (PT 16) may continue to submit CGM and supplies as a pharmacy claim type process through the Prime portal. |

BLOOD GLUCOSE METER (BGM) AND OTHER SUPPLIES INFORMATION:

- No prior authorization (PA) is required if the following criteria are met.
 - Beneficiary must have a prescription for a preferred BGM and/or supplies (i.e., blood glucose test strips, lancets, lancing device, urine reagent strips, or calibration solution).
 - There will be a 365-day lookback for a BGM in Medicaid pharmacy claim history. One (1) claim for a preferred BGM is allowed every 365 days. See the table below for maximum quantities.
 - Pharmacy claims may be processed for lancets and preferred blood glucose test strips without a PA at the quantities below unless there is a paid pharmacy claim for a continuous glucose monitor (CGM) in the past 365 days. If the beneficiary has a paid CGM claim in the past 365 days, blood glucose test strips and lancets will have a limit of ≤100 in the past 93 days (including the incoming claim) and will require a PA to exceed that amount.
 - Pharmacy claims may also be processed for insulin syringes, insulin pen needles, urine reagent strips, and lancing devices without a PA unless quantities exceed the limits below.
 - Requests for quantities outside of the documented limitation will require prior authorization. Submit a PA request for quantity override by fax to 800-424-7976 with the following information.
 - Current chart notes with documentation of required testing frequency.
 - Current blood glucose testing logs that demonstrate testing is required above the limitation.
- **NOTE:** Any product not listed will be considered non-preferred and requires documentation of the medical necessity over preferred options.

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| BLOOD GLUCOSE METERS (BGMs) AND LIMITATIONS | | |
|--|-------------------------------|----------------------|
| Manufacturer | Product Name | Limitation |
| ABBOTT | FREESTYLE FREEDOM LITE METER | 1 meter per 365 days |
| ABBOTT | FREESTYLE LITE METER | |
| ABBOTT | FREESTYLE PRECISION NEO METER | |
| ABBOTT | PRECISION XTRA METER | |
| TRIVIDIA HEALTH | TRUE METRIX METER | |
| TRIVIDIA HEALTH | TRUE METRIX AIR METER | |
| TRIVIDIA HEALTH | RELION TRUE METRIX AIR METER | |

| BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND INSULIN SYRINGES WITH LIMITATIONS | | |
|--|-------------------------------------|-------------------------------|
| Manufacturer | Product Name | Limitation without CGM |
| ABBOTT | FREESTYLE INSULINX TEST STRIPS | 200 per 31 days |
| ABBOTT | FREESTYLE LITE TEST STRIPS | |
| ABBOTT | FREESTYLE TEST STRIPS | |
| ABBOTT | FREESTYLE PRECISION NEO TEST STRIPS | |
| ABBOTT | PRECISION XTRA TEST STRIPS | |
| TRIVIDIA HEALTH | TRUE METRIX TEST STRIPS | |
| TRIVIDIA HEALTH | RELION TRUE METRIX TEST STRIPS | |
| VARIOUS MANUFACTURERS | INSULIN SYRINGES | N/A |
| | INSULIN PEN NEEDLES | |
| VARIOUS MANUFACTURERS | LANCETS | 200 per 31 days |
| | LANCING DEVICE | 1 per 186 days |
| | CALIBRATION SOLUTION | 1 bottle per 31 days |
| | URINE REAGENT STRIPS | 200 per 31 days |

CONTINUOUS GLUCOSE MONITOR (CGM) INFORMATION:

- **Approval Criteria**
 - Billed diagnosis of diabetes (ICD-10 E10 or E11) in the last 365 days and meets one (1) of the following:
 - Medicaid pharmacy paid claim for insulin in the last 124 days; **OR**
 - Evidence of level 3 hypoglycemia (ICD-10 E16.1) billed in last 365 days; **OR**
 - Lab history in the last 365 days for blood glucose level of ≤54 mg/dL (level 2 hypoglycemia); **OR**
 - Medicaid pharmacy paid claim for a glucagon agent in the last 365 days.
 - Billed diagnosis of gestational diabetes (ICD-10 O24) in the last 365 days; **OR**
 - Billed diagnosis of glycogen storage disease type 1a (ICD-10 E74.01) in the last 365 days; **OR**
 - Medicaid pharmacy paid claim for a patch-type insulin pump in the last 365 days; **OR**
 - Medicaid pharmacy paid claim for a CGM transmitter or sensor in the last 60 days.
- Requests for quantities outside of the documented limitation will require prior authorization. Submit a PA request for quantity override by fax to 800-424-7976.

Pharmacy Billing Only: Any product not listed will be considered non-preferred and requires documentation of the medical necessity over preferred options. For patients already maintained on a non-preferred product, please fax information to 800-424-7976 to request continuation.

NOTE: Guardian CGM and Simplera Sync will only be covered for those patients currently utilizing or approved to use a Medtronic insulin pump system.

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| CONTINUOUS GLUCOSE MONITOR (CGM) PRODUCTS AND LIMITATIONS | | |
|--|-------------------------------|-------------------|
| Manufacturer | Product Name | Limitation |
| DEXCOM | DEXCOM G6 RECEIVER | 1 per 365 days |
| DEXCOM | DEXCOM G6 SENSOR | 3 per 30 days |
| DEXCOM | DEXCOM G6 TRANSMITTER | 1 every 90 days |
| DEXCOM | DEXCOM G7 RECEIVER | 1 per 365 days |
| DEXCOM | DEXCOM G7 SENSOR | 3 per 30 days |
| DEXCOM | DEXCOM G7 15 DAY SENSOR | 2 per 30 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 2 SENSOR | 2 per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 2 PLUS SENSOR | 2 per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 2 READER | 1 per 365 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 3 SENSOR | 2 per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 3 PLUS SENSOR | 2 per 28 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 3 READER | 1 per 365 days |
| ABBOTT DIABETES CARE | FREESTYLE LIBRE 14 DAY SENSOR | 2 per 28 days |


INSULIN DELIVERY PRODUCTS APPROVAL CRITERIA:

- Requires a prior authorization request to be faxed to 800-424-7976.
- Beneficiary must have a diagnosis of either type 1 diabetes (ICD-10 E10) or type 2 diabetes (ICD-10 E11) in the last 365 days.
- Beneficiary requires at least 3-4 insulin injections per day without blood glucose control.
- Beneficiary must demonstrate motivation to control diabetes and willing to test frequently.
- Provider must submit attestation that the beneficiary has been counseled on proper usage.
- Provider must be a diabetes specialist or endocrinologist.
- Provider must submit current chart notes and a letter of medical necessity over options available without a PA.
- Beneficiaries maintained on traditional insulin pumps that continue to function and deliver insulin appropriately may not meet medical necessity to switch to a new patch type pump even if the warranty has expired on the traditional pump. All requests will be reviewed on a case-by-case basis.

NOTE: Traditional insulin pumps requiring tubing and cannula type supplies will continue to be billed by DME providers with HCPCS codes according to the Prosthetics Manual.

NOTE: Any product not listed below will be considered non-preferred and requires documentation of the medical necessity over preferred options. For patients already maintained on a non-preferred product, please fax information to 800-424-7976 to request continuation.

| INSULIN PUMP PRODUCTS AND LIMITATIONS | | |
|--|-------------------------------------|-------------------------------|
| Manufacturer | Product Name | Limitations |
| CEQR | CEQR SIMPLICITY 4-DAY INSULIN PATCH | 8 patches (1 box) per 30 days |
| CEQR | CEQR SIMPLICITY INSERTER | N/A |
| INSULET | OMNIPOD DASH PODS | 15 pods (3 boxes) per 30 days |
| INSULET | OMNIPOD-5 DEX G7-G6 PODS | 15 pods (3 boxes) per 30 days |
| INSULET | OMNIPOD-5 DEX G7-G6 INTRO KIT | 1 per 365 days |
| INSULET | OMNIPOD-5 G6/LIBRE 2 PLUS | 15 pods (3 boxes) per 30 days |
| INSULET | OMNIPOD-5 G6/LIBRE 2 PLUS INTRO KIT | 1 per 365 days |



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| DATE: | SUMMARY OF CHANGES: | UPDATED BY: |
|--------------|--|--------------------|
| 5/1/2024 | CREATED CRITERIA AND PREFERRED LIST | DHS & MMA |
| 5/3/2024 | UPDATED URINE TEST STRIPS | DHS & MMA |
| 6/12/2024 | UPDATED FIRST IMPLEMENTATION DATE | DHS & MMA |
| 7/18/2024 | UPDATED PREFERRED LIST | DHS & MMA |
| 7/19/2024 | UPDATED PREFERRED LIST | DHS & MMA |
| 7/31/2024 | UPDATED INSULIN PUMP LANGUAGE | DHS & MMA |
| 8/23/2024 | UPDATED PREFERRED LIST | DHS & MMA |
| 8/30/2024 | UPDATED INSULIN PUMP LANGUAGE | DHS & MMA |
| 9/24/2024 | UPDATED PREFERRED LIST | DHS & MMA |
| 9/30/2024 | VENDOR CHANGED TO PRIME THERAPEUTICS | DHS & PRIME |
| 10/8/2024 | UPDATED PREFERRED LIST | DHS & PRIME |
| 10/30/2024 | UPDATED CGM LANGUAGE | DHS & PRIME |
| 2/4/2025 | UPDATED PREFERRED LIST | DHS & PRIME |
| 5/1/2025 | UPDATED PREFERRED LIST | DHS & PRIME |
| 6/6/2025 | UPDATED CGM & INSULIN PUMP LANGUAGE | DHS & PRIME |
| 10/1/2025 | UPDATED PREFERRED LIST | DHS & PRIME |
| 5/18/2026 | UPDATED CGM LANGUAGE FOR DME PROVIDERS | DHS & PRIME |
| 5/22/2026 | UPDATED CGM LANGUAGE FOR ACT 623 | DHS & PRIME |