



TO: Pharmacy and Durable Medical Equipment, Devices and Supplies (MEDS) Providers, Prescribing Providers
RE: Upcoming Changes to Pharmacy Claims for Dexcom G6, Dexcom G7, and Freestyle Libre 2 Continuous Glucose Monitoring Products

The purpose of this bulletin is to notify providers of upcoming changes to coverage of Dexcom G6, Dexcom G7, and Freestyle Libre 2 Continuous Glucose Monitoring (CGM) devices (readers, sensors and transmitters) for HUSKY A, HUSKY B, HUSKY C, and HUSKY D clients.

Currently, the Department of Social Services (DSS) provides coverage for CGMs via the Durable Medical Equipment (DME) benefit. Beginning **March 1, 2023**, Dexcom G6, Dexcom G7, and Freestyle Libre 2 devices will also be payable through pharmacy Point of Sale (POS) with an approved Pharmacy CGM Prior Authorization (PA) meeting medical necessity. A new Pharmacy CGM PA form will be available via www.ctdssmap.com under the Pharmacy Information page. A pharmacy CGM PA submitted and meeting all requirements of medical necessity will be valid for all components of the system (reader/monitor, transmitter, and sensor) for 12 months.

Patients currently established on CGM therapy, utilizing Dexcom G6, Dexcom G7, or Freestyle Libre 2, will require re-authorization via the new Pharmacy PA form if they wish to obtain these products from a pharmacy. Otherwise, they can continue to obtain their CGM supplies through the DME benefit. The DME vendor will contact the member when it is time to renew the prior authorization request.

DME Benefit Prior Authorization Submission Process

To submit a PA request under the DME benefit, DME vendors should continue to use the medical authorization portal or fax a complete Outpatient PA form to 203-265-3994. To access the portal or PA form, visit the HUSKY Health Program website: www.ct.gov/husky → Information for Providers → Prior Authorization → Medical Prior Authorizations. For questions regarding the DME benefit PA process, please contact CHNCT at 1-800-440-5071.

Below is a link to the DME PA form:

[HUSKY Health Program | Outpatient Prior Authorization Form \(huskyhealthct.org\)](http://www.ct.gov/husky/Information-for-Providers/Prior-Authorization/Medical-Prior-Authorizations/Outpatient-Prior-Authorization-Form)

CGM devices, when processed as a pharmacy POS claim, will be subject to the Preferred Diabetic Supply Product List (PDSPL). Only CGM devices listed on the PDSPL are covered under the pharmacy benefit. The full list of preferred products will be published on the Connecticut Medical Assistance Program (CMAP) Web site www.ctdssmap.com under the Pharmacy section. From the Home page, go to Pharmacy Information → Preferred Drug List Information → Diabetic Supplies Preferred Product List. The Diabetic Supplies Preferred Product List will be updated prior to **March 1, 2023** and will list the preferred CGM device(s).

Please note that CGMs, including Dexcom G6, Dexcom G7, and Freestyle Libre 2, will continue to be a covered service under the DME benefit.

Members will have the option to obtain CGM supplies from their preferred pharmacy or DME vendor. DSS will be monitoring for duplicate billing between the DME and Pharmacy benefit plans for all members utilizing CGMs.

Pharmacy providers submitting claims for dual eligible beneficiaries for Medicare Part B covered supplies will continue to follow the billing guidelines published in Provider Bulletin [PB 2020-01 'Clarification of Billing Requirements for Medications and Supplies Covered by Medicare Part D and Medicare Part B Including Additional Third Party Insurance'](#).