



**State communication**

A message from Arkansas Division of Medical Services  
Medicaid Pharmacy Program

**Arkansas Department of Human Services (DHS) Notice to Home and Community Based Services (HCBS) Providers**

In October of this year, DHS released updated rules surrounding diabetic supplies.

Per the notice, “Diabetic supplies will move to a pharmacy benefit rather than under the Durable Medical Equipment (DME) benefit for all beneficiaries except those with Medicare Part B benefits with an anticipated 1/1/2024 start date. Those with Medicare Part B benefits will continue to be serviced under the DME program.

Currently, the diabetic supplies have been an Arkansas Medicaid medical benefit while the insulins and other various drugs are a pharmacy benefit. Anticipated on Jan. 1, most diabetic supplies will move to a pharmacy benefit. The only exception is traditional insulin pumps requiring tubing and cannula type supplies. These will remain a medical benefit under DME billing rules.

This change will allow Medicaid beneficiaries who are managing their diabetes to get their needed medications and nondrug diabetic supplies all from a pharmacy. This will help streamline the services for these beneficiaries, and it will align with other commercial plans and their benefits.”

Since 2020, Summit Community Care has offered expanded access to diabetic supplies as an option to members through the pharmacy benefit. Some of your patients may already be obtaining their supplies at a pharmacy. To align with the Arkansas State Medicaid Agency’s January 1<sup>st</sup> update, the following products will be preferred:

BLOOD GLUCOSE METERS (BGMs) and LIMITATIONS		
Manufacturer	Product Name	Limitation
LIFESCAN	ONETOUCH ULTRA2 GLUCOSE SYSTEM	1 meter per 365 days
LIFESCAN	ONETOUCH VERIO FLEX SYSTEM KIT	
LIFESCAN	ONETOUCH VERIO REFLECT SYSTEM	
ABBOTT DIABETES CARE	FREESTYLE FREEDOM LITE METER	
ABBOTT DIABETES CARE	FREESTYLE INSULINX GLUCOSE SYSTEM	
ABBOTT DIABETES CARE	FREESTYLE LITE METER	
ABBOTT DIABETES CARE	PRESCRISION XTRA MONITOR	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO	

BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND LIMITATIONS		
Manufacturer	Product Name	Limitation
LIFESCAN	ONE TOUCH VERIO TEST STRIPS	200 per 31 days
LIFESCAN	ONE TOUCH ULTRA TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	
ANY MANUFACTURER	INSULIN SYRINGES (with WAC pricing)	N/A
	INSULIN PEN NEEDLES (with WAC pricing)	
	LANCETS	200 per 31 days

<https://provider.summitcommunitycare.com>

ANY MANUFACTURER	LANCING DEVICE	1 per 186 days
	CALIBRATING SOLUTION	1 bottle per 31 days
	URINE REAGENT STRIPS/TABS	200 per 31 days

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	30 per 30 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 SENSOR	2 per 28 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 READER	1 per 365 days
ABBOTT DIABETE CARE	FREESTYLE LIBRE 3 SENSOR	2 per 28 days

INSULIN DELIVERY PRODUCTS AND LIMITATIONS		
Manufacturer	Product Name	Limitation
INSULET	OMNIPOD-5	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD-5 G6 KIT	1 per 365 days
INSULET	OMNIPOD DASH	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD DASH KIT	1 per 365 days
INSULET	OMNIPOD GO ALL STRENGTHS	15 pods (3 boxes) per 30 days
VALERITAS/MANNKIND	V-GO ALL STRENGTHS	30 (1 box) per 30 days

Please note that prior authorization requirements may differ under pharmacy benefits and can be verified by utilizing the pharmacy searchable formulary tool available at the following link: <https://client.formularynavigator.com/Search.aspx?siteCode=4765833800>. Any product not listed in the table above will be considered non-preferred and requires documentation of medical necessity over preferred options.

SCC Care Coordinators are working with members who may be impacted by this change to ensure there is no disruption to their diabetic supplies.

The full Arkansas Department of Human Services notice is linked below: [https://ar.magellanrx.com/documents/d/arkansas/crm-attachment\\_provider-memorandum-preferred-diabetic-supplies-pdf](https://ar.magellanrx.com/documents/d/arkansas/crm-attachment_provider-memorandum-preferred-diabetic-supplies-pdf)