



DATE: August 5, 2024
TO: Commonwealth of Kentucky Medicaid Prescriber Network
FROM: MedImpact Healthcare Systems

SUBJECT: Continuous Glucose Monitors Prior Authorization Criteria Changes

Status: Effective June 8, 2024, the Kentucky Department for Medicaid Services (DMS) implemented new criteria for **preferred continuous glucose monitors (CGMs)**. As part of this criteria change, Medicaid members with gestational diabetes will no longer require insulin use for approval. The diagnosis criteria have also been expanded to include a history of problematic hypoglycemia as defined below.

| Agent(s) | Subject to Criteria |
|----------------|--|
| Preferred CGMs | <p>The patient has one of the following diagnoses:</p> <ul style="list-style-type: none">*Insulin-dependent Diabetes Mellitus Type 1 (ICD-10 group E10); OR*Insulin-dependent Diabetes Mellitus Type 2(IND-10 group E11), OR*Gestational Diabetes Mellitus (ICD-10 group O24); OR <p>Has a history of problematic hypoglycemia defined as:</p> <ul style="list-style-type: none">• Recurrent level 2 hypoglycemic events (glucose < 54 mg/dL) that persist despite multiple(2 or more) attempts to adjust medication(s) and/or modify the diabetes treatment plan, OR• A history of one level 3 hypoglycemic event (glucose < |

| | |
|--|--|
| | 54 mg/dL) characterized by altered mental and/or physical status requiring third-party assistance with for treatment of hypoglycemia |
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Preferred Diabetic Supplies with the updated prior authorization criteria can be found on the Kentucky Medicaid Provider Portal (<https://kyportal.medimpact.com/provider-documents/drug-information>).

MCO CONTACT INFORMATION

| | |
|---|---|
| Program Questions | KYMCOPBM@MedImpact.com |
| Pharmacy Help Desk | (800) 210-7628 [24 hours per day/ 7 days per week] |
| Prior Authorizations | Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612 |
| Pharmacy Portal | https://kyportal.medimpact.com/ |
| BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01 | |

KY FFS CONTACT INFORMATION

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| Program Questions | KYMFFS@MedImpact.com |
| Pharmacy Help Desk | (877) 403-6034 [24 hours per day/ 7 days per week] |
| Prior Authorizations | Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612 |
| Pharmacy Portal | https://kyportal.medimpact.com/ |
| BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01 | |

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