



Updated: 01/2024
DMMA Approved: 01/2024

Request for Prior Authorization for Continuous Glucose Monitoring Systems

Website Form – www.highmarkhealthoptions.com

Submit request via: Fax - 1-855-476-4158

All requests for Continuous Glucose Monitoring Systems require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Continuous Glucose Monitoring Systems Prior Authorization Criteria:

For all requests for Continuous Glucose Monitoring Systems all of the following criteria must be met:

- Member must be insulin treated with at least one daily injection of insulin or a covered continuous insulin infusion pump.
- For non-preferred systems, the member has had a trial and failure of a preferred system or submitted a clinical reason for not having a trial of a preferred system
- **Duration of Approval:** 12 months

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.

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