

Continuous Glucose Monitoring Devices (CGMs)

Override(s)	Approval Duration
Prior Authorization	Receiver: One time
Quantity Limit	Sensors and transmitters: 1 year

Continuous Glucose Monitoring Devices (CGMs) – including sensor, transmitter, receiver	Comments
Dexcom Product Line	Preferred
Freestyle Libre Product Line Eversense Product Line Medtronic Product Lines for the following products: <ul style="list-style-type: none"> • Enlite sensors • Guardian (monitors, receivers, sensors, transmitters) • Minimed Guardian sensor • Sof-sensor 	Non-Preferred

Product/Product Line	Quantity Limit
Dexcom G5 Receiver*	1 receiver per year (based on manufacturer warranty)
Dexcom G5 Transmitter	1 transmitter per 90 days
Dexcom G5 Sensor	4 sensors per 28 days
Dexcom G6 Receiver*	1 receiver per year (based on manufacturer warranty)
Dexcom G6 Transmitter	1 transmitter per 90 days
Dexcom G6 Sensor	3 sensors per 30 days
Dexcom G7 Receiver*	1 receiver per year (based on manufacturer warranty)
Dexcom G7 Sensor	3 sensors per 30 days

Freestyle Libre reader*	1 reader per year (based on manufacturer warranty)
Freestyle Libre 14 day Reader*	1 reader per year (based on manufacturer warranty)
Freestyle Libre 14 day Sensor	2 sensors per 28 days
Freestyle Libre 2 Reader*	1 reader per year
Freestyle Libre 2 Sensor	2 sensors per 28 days
Freestyle Libre 3 Reader*	1 reader per year
Freestyle Libre 3 Sensor	2 sensors per 28 days
Guardian Connect Transmitter*	2 transmitters per year
Guardian Sensor (3)	5 sensors per 30 days
Guardian 4 Transmitter*	1 transmitter per year
Guardian Sensor (4)	5 sensors per 30 days
Eversense Smart Transmitter*	1 transmitter per year
Eversense 365 Smart Transmitter*	1 transmitter per year
Eversense 365 Sensor	1 sensor per year

APPROVAL CRITERIA

Step Therapy for non-preferred agents

All states except for CA IND - Requests for non-preferred continuous glucose monitoring (CGM) devices and CGM supplies (receiver, transmitter, sensor) must meet the following criteria:

- I. Documentation is provided that individual has had a trial and inadequate response or intolerance to the preferred continuous glucose monitor (Dexcom Product Line); **OR**
- II. Documentation is provided that individual utilized an insulin pump that is only compatible with a non-preferred continuous glucose monitor.

CA IND – Step Therapy does not apply (Dexcom Product Line is non-formulary)

Prior Authorization for all agents

Initial requests for *personal long-term use* of non-implanted and implanted continuous glucose monitoring device (CGM) and CGM supplies may be approved if the following criteria are met:

- I. Individual has been diagnosed with diabetes mellitus (any type); **AND**
- II. Insulin injections are required multiple times daily or an insulin pump is used for maintenance of blood sugar control; **AND**,
- III. Individual or caregiver(s) demonstrates the following:
 - A. An understanding of the technology, including but not limited to the use of the device to recognize alerts and alarms; **AND**
 - B. Motivation to use the device correctly and consistently; **AND**
 - C. Continued participation in a comprehensive diabetes treatment plan; **AND**
- IV. Any of the following are present despite ongoing management using self-monitoring and insulin administration regimens to optimize care:
 - A. Inadequate glycemic control, demonstrated by HbA1c measurements above target; **OR**
 - B. Persistent fasting hyperglycemia; **OR**
 - C. Recurring episodes of hypoglycemia (blood glucose <50 mL/dL); **OR**
 - D. Hypoglycemia unawareness that puts the individual or others at risk; **OR**
 - E. In children and adolescents with type 1 diabetes who have achieved HbA1c levels below 7%, when treatment is intended to maintain target HbA1c levels and limit the risk of hypoglycemia;

AND

- V. If requesting an implantable CGM (Eversense), individual must be 18 years of age or older.

Continuation requests for non-implanted and implanted continuous glucose monitoring devices (CGM) and CGM supplies may be approved if the following criteria are met:

- I. Individual met the initiation criteria at the time of the first request for the CGM device; **AND**
- II. The CGM device has resulted in desired clinical benefit (including but not limited to HbA1c control or fewer episodes of symptomatic hypoglycemia or hyperglycemia).

Quantity Override:

The *replacement* of non-implanted continuous interstitial glucose monitoring devices may be approved when the following criteria have been met:

- A. The device is out of warranty; **AND**
- B. The device is malfunctioning; **AND**
- C. The device cannot be refurbished.

The *replacement* of implanted continuous interstitial glucose monitoring devices may be approved when the following criteria have been met:

- I. Individual met the initiation criteria at the time of the first request for the CGM device.

Use of personal non-implanted and implanted continuous glucose monitoring devices (CGM) and CGM supplies may not be approved when the above criteria are not met and for all other indications.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
4. American Diabetes Association Professional Practice Committee . 7. Diabetes Technology: Standards of Care in Diabetes-2025 [published correction appears in Diabetes Care. 2025 Jan 23;dc25er04b. doi: 10.2337/dc25-er04b.]. Diabetes Care. 2025;48(Supplement_1):S146-S166. doi:10.2337/dc25-S007.
5. Guardian Connect User Guide. Available from: <https://www.medtronicdiabetes.com/sites/default/files/library/download-library/user-guides/GuardianT%20Connect%20CGM%20System%20User%20Guide.PDF>.
6. Guardian 4 sensor and transmitter [User guides]. Medtronic. Available at: <https://www.medtronicdiabetes.com/download-library/guardian-4-sensor-transmitter>.
7. Dexcom G6 User Guide. Available from: <https://s3-us-west-2.amazonaws.com/dexcompdf/G6-CGM-Users-Guide.pdf>. Accessed
8. Dexcom G5 User Guide. Available from: <https://s3-us-west-2.amazonaws.com/dexcompdf/G5-Mobile-Getting-Started-Guide-Touchscreen-Receiver.pdf>.
9. Freestyle Libre User Guide: Available from: https://freestyleserver.com/Payloads/IFU/2018/ART38553-101_rev-A.pdf. Accessed
10. Freestyle Libre 14 day User Guide: Available from: https://freestyleserver.com/Payloads/IFU/2018/ART39764-001_rev-A-Web.pdf.
11. Freestyle Libre 3 User Guide: Available from: https://freestyleserver.com/Payloads/IFU/2022/ART44255-001_rev-A-Web.pdf.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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