

# 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"> <li>• Enlite sensors</li> <li>• Guardian (monitors, receivers, sensors, transmitters)</li> <li>• Minimed Guardian sensor</li> <li>• Sof-sensor</li> </ul>	Non-Preferred^
^Step Therapy Does not apply in California	

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

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to the preferred continuous glucose monitor (Dexcom Product Line); **OR**
- II. Individual utilized an insulin pump that is only compatible with a non-preferred continuous glucose monitor.

**CA – Step Therapy does not apply**

**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**

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:**

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