Continuous Glucose Monitoring (CGM) Systems



Generic Name: N/A

Therapeutic Class or Brand Name: Continuous

Glucose Monitoring (CGM) Systems

Applicable Drugs (if Therapeutic Class): All FreeStyle Libre products, all Dexcom® CGMs, Guardian Connect® CGM System, Eversense®

Preferred: Dexcom G6®, Dexcom G7®, Freestyle Libre 2, Freestyle Libre 2 Plus, Freestyle Libre 3, FreeStyle Libre 3 Plus, FreeStyle Libre 14 Day

Non-preferred: Dexcom G4®, Dexcom G5®,

Eversense®, Guardian Connect®

Date of Origin: 5/18/2018

Date Last Reviewed / Revised: 1/1/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. The patient fulfills ONE of the following diagnosis criteria A or B:
 - A. Diagnosis of diabetes mellitus Type I
 - B. Diagnosis of diabetes mellitus Type II and one of the following criteria 1 or 2 is met:
 - 1. Documented adherence to an insulin regimen over the last 90-day period.
 - 2. History of recurrent hypoglycemia (blood glucose 70 mg/dL or lower) and/or hypoglycemia unawareness.
- II. The patient fulfills the age requirement for the device requested:
 - A. Dexcom G6 and G7: 2 years of age and older
 - B. Eversense: 18 years of age and older
 - C. FreeStyle Libre 2, FreeStyle Libre 3: 4 years of age and older
 - D. FreeStyle Libre 2 Plus, FreeStyle Libre 3 Plus: 2 years of age and older
 - E. Freestyle Libre 14 Day: 18 years of age and older
 - F. Guardian Connect: 14 years to 75 years of age
- III. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

N/A

OTHER CRITERIA

N/A



QUANTITY / DAYS SUPPLY RESTRICTIONS

- Dexcom G6
 - o Sensors: 3 per 30 days
 - o Receiver: 1 unit per year
 - o Transmitter: 1 transmitter per 90 days (up to 4 per year)
- Dexcom G7
 - Sensors and Transmitter: 3 per 30 days
 - o Receiver: 1 unit per year
- Eversense
 - o Sensor: 1 per 90 days
 - o Transmitter: 1 unit per year
- FreeStyle Libre 2 and FreeStyle Libre 14 Day:
 - Sensor
 - FreeStyle and FreeStyle 2: 2 per 28 days
 - FreeStyle 2 Plus: 2 per 30 days
 - Reader device: 1 unit per year
- Freestyle Libre 3
 - Sensor
 - FreeStyle 3: 2 per 28 days
 - Freestyle 3 Plus: 2 per 30 days
- Guardian Connect
 - Sensors: 5 per 30 daysReceiver: 1 unit per yearTransmitter: 1 unit per year

APPROVAL LENGTH

- **Authorization:** 1 year. Authorization will include applicable sensors, receivers, reader devices, and transmitters WITH appropriate quantities and days supply restrictions.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

American Diabetes Association Professional Practice Committee, ElSayed NA, Aleppo G, et al.
Diabetes technology: Standards of medical care in diabetes-2024. *Diabetes Care*.
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- 4. Dexcom G7. User guide. Dexcom, Inc; 2023. https://dexcompdf.s3.us-west-2.amazonaws.com/en-us/G7-CGM-Users-Guide.pdf
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- 6. Freestyle Libre 14 day. User manual. Abbott; 2023. Accessed November 25, 2024. https://freestyleserver.com/Payloads/IFU/2023/q4/ART39764-301_rev-A_WEB.pdf
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.