

Field Name	Field Description
Prior Authorization Group Description	Continuous Glucose Monitors
Drugs	<p><u>Preferred</u>: Freestyle Libre 14 Day, Freestyle Libre 2, FreeStyle Libre 3, Dexcom G6</p> <p><u>Non-Preferred</u>: Eversense (Sensor, Transmitter, and Reader components) And any newly marketed product in this class</p> <p>This policy does not apply to continuous glucose monitor/insulin pump combination products reviewed and/or covered by the Medical Benefit including, but not limited to, the MiniMed. Requests for these products are referred to the plan's Utilization Management team for Review</p>
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Lack of Type 1 or Type 2 diagnosis
Required Medical Information	See "Other Criteria"
Age Restrictions	Patient must be age appropriate per prescribing information (PI)
Prescriber Restrictions	N/A
Coverage Duration	If all of the criteria are met, the request will be approved for 12 months.
Other Criteria	<ul style="list-style-type: none"> • Diagnosis – diabetes <u>AND</u> • Bullet 1 or criteria under bullet 2 must be met <ol style="list-style-type: none"> 1. Treatment with insulin (type 1 or type 2) <u>OR</u> 2. Treatment of Type 2 diabetes with an antihyperglycemic drug without insulin <ul style="list-style-type: none"> • One of the following must be met: <ul style="list-style-type: none"> • Frequent hypoglycemia, hypoglycemia unawareness, or concerns of nocturnal hypoglycemia • Gaining weight (more than 5 pounds of weight gain in the last 12 months) • HbA1C \geq 7% • Need for medication changes or titration • Initiation of a lower carbohydrate diet • Patient is unable or reluctant to test their blood glucose via traditional glucometer.

<p>Revision/Review Date 7/2022</p>	<ul style="list-style-type: none"> • Patient is taking two or more medications to manage their diabetes. • Patient works with a care team member to improve diet and exercise choices. • If the request is for a non-preferred product, trial and failure of or medical reason why patient cannot use a preferred product. • If member is continuing use of a non-preferred CGM, trial of a preferred CGM first is not required <p><u>(with treatment of Type 2 Diabetes and no insulin)</u></p> <ul style="list-style-type: none"> • Documentation of positive clinical response (i.e. improved HbA1C or reduced frequency of severe hypoglycemia episodes) <p>Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.</p>
--	--