



**Continuing Blood Glucose Monitors (CGM)  
Dexcom 6  
FreeStyle Libre  
FreeStyle Libre 2  
Effective 06/01/2021**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Continuous glucose monitors (CGM) are minimally invasive or noninvasive devices that measure glucose levels at set intervals, 24 hours a day, with a small electrode placed under the skin and held in place by an adhesive. Glucose measurements are recorded and translated into real time data, generating glucose direction and rate of change.

No PA	Products that require PA*
	Dexcom G6®
	Freestyle Libre 14 day®
	Freestyle Libre 2®

\*All other CGM devices are not available through the pharmacy benefit; however, may be covered under Durable Medical Equipment (DME) with a PA

**Dexcom G6®**

- 08627-0091-11 Dexcom G6 Receiver Kit (GSN 065863)
- 08627-0016-01 Dexcom G6 Transmitter Kit (GSN 065873)
- 08627-0053-03 Dexcom G6 Sensor 3-pack (GSN 065744)

**Freestyle Libre 14 day® and Freestyle Libre 2®**

- 57599-0002-00 FreeStyle Reader Kit 14 Day (GSN 077832)
- 57599-0001-01 FreeStyle Sensor Kit 14 Day (GSN 077828)
- 57599-0803-00 FreeStyle 2 Reader (GSN 077832)

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org



57599-0800-00 FreeStyle 2 Sensor (GSN 077828)

**Coverage Guidelines**

Approval of a Dexcom 6, FreeStyle Libre, or FreeStyle Libre 2 system may be granted for members who meet the following criteria and documentation is submitted:

1. Member has a diagnosis of diabetes mellitus
2. Member has a paid claim or physician documents requiring insulin injections at least three times per day or the use of an insulin pump†
3. Member’s current treatment plan involves testing blood glucose at least 4 times per day
4. ONE of the following is met:
  - a. A1c  $\geq 7\%$  or value that does not meet documented target treatment despite diabetic education and adherence to self-monitoring of glucose levels
  - b. Frequent hypoglycemia (or nocturnal hypoglycemia)
  - c. History of hypoglycemic unawareness
  - d. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL.
  - e. History of emergency room visit, or hospitalization related to ketoacidosis or hypoglycemia
  - f. Use with compatible insulin pump to achieve glycemic control
  - g. Pregnancy

† Members not receiving insulin due to physical disability, visual impairment, cognitive impairment, or age <18 years may bypass this requirement.

**Continuation of Therapy**

Reauthorization may be granted with current documentation from the prescriber when the following criteria are met:

1. Prescriber documents improvement in diabetic control/relative stability (e.g., provider attestation or A1c improvement can be considered to meet this requirement)
2. Provider attestation that the member’s CGM data has been reviewed and is being used to monitor or adjust antidiabetic treatment plan

**Limitations**

Initial requests and reauthorizations will be authorized for 12 months.

1. The following quantity limits apply:

Monitor	1 monitor per year
Receiver	1 receiver per year
Transmitter	1 transmitter per year
Sensor	3 sensors per month

**Exclusions**

1. Replacement or repair of home long-term (more than 7 days) continuous glucose monitors when
  - a. It is still under manufacture warranty.
  - b. It is lost, stolen, or damaged due to improper care, or misuse, or neglect (AllWays HealthPartners may require proof of the stolen or damaged item. Proof consists of a police report, pictures, or corroborating statement).
  - c. The member has a functioning model and a newer or upgraded model is not medically necessary.



2. Devices or device features that are to be principally used for convenience and are not medically necessary.

### **References**

1. Kudva YC, Ahmann AJ, Bergenstal RM, et al. Approach to Using Trend Arrows in the FreeStyle Libre Flash Glucose Monitoring Systems in Adults. *J Endocr Soc* 2018; 2:1320
2. American Diabetes Association. 7. Diabetes Technology: Standards of Medical Care in Diabetes-2019. *Diabetes Care* 2019; 42:S71
3. Welsh JB, Gao P, Derdzinski M, et al. Accuracy, Utilization, and Effectiveness Comparisons of Different Continuous Glucose Monitoring Systems. *Diabetes Technol Ther* 2019; 21:128

### **Review History**

11/20/2019 – Reviewed at P&T

11/19/2020 – Updated and Reviewed Nov P&T; Added Freestyle Libre 2 to criteria

05/19/2021 – Updated and Reviewed May P&T; removed Type 1 diabetes and replaced with diabetes mellitus; Added reauthorization approval length; added QL; updated coverage guidelines and reauthorization guidelines. Effective 6/1/21.

### **Disclaimer**

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