



Continuing Blood Glucose Monitors (CGM)
Dexcom 6
FreeStyle Libre
FreeStyle Libre 2
Effective January 1, 2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	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.

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. The member has a diagnosis of Type 1 diabetes mellitus,
2. The Member requires insulin injections at least three times per day or the use of an insulin pump,
3. The member is performing blood sugar testing via fingerstick four or more times per day,
4. The member is compliant with the prescribed insulin regimen and dietary management, AND ONE of the following is met:
 - The member has recurrent episodes of severe hypoglycemia defined as a glucose level of less than 50 mg/dl
 - The member has been unable to achieve an A1c level of 7% or less for two consecutive readings within the last 12 months despite documented compliance with diabetes treatment regimen

Continuation of Therapy



Reauthorization may be granted with current documentation from the treating endocrinologist, after an in-person visit, within the previous 12 months, with an assessment of the member's adherence to their CGM regimen and continued medical necessity of the device.

Limitations

Initial approvals will include 1 monitor and one year's worth of supplies (e.g., transmitter or sensors).

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

11/20/19 – Reviewed at P&T

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

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.