

CONTINUOUS GLUCOSE MONITORS (CGM) AND SUPPLIES

Dexcom G6, Dexcom G7, Freestyle Libre 14 day, Freestyle Libre 2, Freestyle Libre 3

Refer to the durable medical equipment benefit (DME) for coverage of all other CGM monitors and supplies.

Pre - PA Allowance

None

Prior-Approval Requirements

*Patients who have filled at least one cumulative ≥ 84 day supply of a single insulin, a glucagon-like peptide-1 (GLP-1) agonist injection indicated for the treatment of diabetes mellitus, or an insulin/GLP-1 combination injection **OR** have filled CGM/CGM supplies in the past 180 days are exempt from these Prior Authorization (PA) requirements up to the PA quantity limits.*

Diagnoses

Patient must have **ONE** of the following:

1. Type 1 Diabetes Mellitus
2. Type 2 Diabetes Mellitus **AND ALL** of the following:
 - a. Insulin and/or GLP-1 agonist dependent with **ONE** of the following:
 - i. > 3 insulin injections per day
 - ii. Insulin pump therapy with frequent dosage adjustments for > 6 months
 - iii. GLP-1 agonist injections, with or without insulin (See Appendix 1)
 - b. Diabetes is uncontrolled AND patient has a documented average frequency of glucose self-testing at least 5 times per day during the previous two months
 - c. HbA1c > 7.0% **OR** frequent hypoglycemic episodes
 - d. Patient has completed a comprehensive diabetes education program
 - e. Patient will share device readings with physician or healthcare professional as part of overall diabetes management
 - f. **NO** dual therapy with blood glucose test strips at Prior Authorization (PA) quantities

Prior - Approval Limits Quantity

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System	Quantity Limit
Freestyle Libre 14 day	1 Monitor* per 365 days AND 6 sensors per 84 days
Freestyle Libre 2	
Freestyle Libre 3	
Dexcom G6	1 Monitor per 365 days AND 9 sensors per 90 days AND 1 transmitter* per 90 days
Dexcom G7	

**Not all systems require each component listed in this policy. Please refer to the documentation supplied with chosen system for its specific required components*

Duration 12 months

Prior – Approval *Renewal* Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Type 1 Diabetes Mellitus
2. Type 2 Diabetes Mellitus

AND the following for **ALL** diagnoses:

1. **NO** dual therapy with blood glucose test strips at Prior Authorization (PA) quantities

Prior - Approval *Renewal* Limits

Same as above

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Appendix 1 -

Injectable GLP-1 Receptor Agonists Indicated for the Treatment of Diabetes Mellitus

Generic Name	Brand Name
Dulaglutide	Trulicity
Exenatide	Byetta
Exenatide ER	Bydureon, Bydureon BCise
Insulin Degludec and Liraglutide	Xultophy
Insulin Glargine and Lixisenatide	Soliqua
Liraglutide	Victoza
Lixisenatide	Adlyxin
Semaglutide	Ozempic
Tirzepatide	Mounjaro