

## 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

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### Prior-Approval Requirements

*Patients who have filled at least one cumulative  $\geq 84$  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 <b>AND</b> 6 sensors per 84 days
Freestyle Libre 2	
Freestyle Libre 3	
Dexcom G6	1 Monitor per 365 days <b>AND</b> 9 sensors per 90 days <b>AND</b> 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

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## 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

## **CONTINUOUS GLUCOSE MONITORS (CGM) AND SUPPLIES**

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### **Appendix 1 -**

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

<b>Generic Name</b>	<b>Brand Name</b>
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