These criteria apply to the	following:		
✓ ACF	✓ SF	✓ MMT	✓ Aetna FI ACF
✓ ACFC	✓ SFC	✓ Marketplace (MF)	✓ Aetna FI ACFC
✓ ACCF	✓ SCCF	<ul><li>Aetna SG ACA (Aetna Health Exchanges)</li></ul>	□ Aetna FI SOO
□ ВС	✓ VF	□ Aetna IVL	
□ BCC	✓ VFC		

# **MEDICAL NECESSITY CRITERIA**

**DRUG CLASS** 

CONTINUOUS GLUCOSE MONITORS

Status: CVS Caremark® Criteria Type: Medical Necessity Criteria

#### **POLICY**

### **COVERAGE CRITERIA**

The requested continuous glucose monitor system and associated components will be covered with prior authorization when the following criteria are met:

• The patient cannot be treated with a formulary product (Available Formulary Alternative: Dexcom continuous glucose monitor)

#### AND

 There is a clinical reason why the patient cannot treated with the formulary product. Documentation is required for approval.

Duration of Approval (DOA):

4510-A: DOA: 12 months

## <u>REFERENCES</u>

N/A

CGM Medical Necessity (ACCF, ACF, ACFC, Aetna FI ACF, Aetna FI ACFC, MF, MMT, SCCF, SF, SFC, VF, VFC) Policy UDR 04-2023 v2.docx

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