



**Personal Therapeutic Continuous Glucose Monitors (CGM)
Prior Authorization Criteria**

Drug Name	Drug Status	Quantity Limit/Day	Approval Limits
Freestyle Libre & Freestyle Libre 2 CGM systems (reader, sensors)	Covered at Pharmacy	<ul style="list-style-type: none">• 1 meter per 12 months• 2 sensors per 28 days	12 months
Dexcom G6 CGM system (reader, transmitters, sensors)	Covered at Pharmacy	<ul style="list-style-type: none">• 1 meter per 12 months• 1 transmitter per 90 days• 3 sensors (1 kit) per 30 days	12 months

CRITERIA FOR COVERAGE:

- Diagnosis of diabetes mellitus, **AND**
- The patient has been using a blood glucose monitor (BGM) and performing frequent (4 or more times a day) testing, **AND**
- The patient is insulin-treated with multiple (3 or more) daily injections of insulin or a Medicare-covered continuous subcutaneous insulin infusion (CSII) pump, **AND**
- The patient's insulin treatment regimen requires frequent adjustment by the patient on the basis of BGM or CGM testing results, **AND**
- Within 6 months prior to ordering the CGM, the treating practitioner has a visit with the patient to evaluate their diabetes control and determined that the criteria above are met

CRITERIA FOR CONTINUATION/RENEWAL:

- The treating practitioner has a visit with the patient within the past 12 months to assess adherence to their CGM regimen and diabetes treatment plan.
- Continuation of therapy/coverage criteria will not be applied to persons who were not previously approved for coverage or whose therapy was initiated using a manufacturer-sponsored free drug program, provider samples, and/or vouchers.