

Personal Therapeutic Continuous Glucose Monitors (CGM) Prior Authorization Criteria

| Drug Name | Drug Status | Quantity Limit/Day | Approval Limits |
|-------------------------------------|---------------------|---|-----------------|
| Freestyle Libre & Freestyle Libre 2 | Covered at Pharmacy | <ul style="list-style-type: none"> 1 meter per 12 months 2 sensors per 28 days | None |
| Dexcom G6 | 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 | None |

CRITERIA FOR COVERAGE:

- Diagnosis of diabetes mellitus, **AND**
- The patient is insulin-treated with multiple (3 or more) daily administrations of insulin or a 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.