Mass General Brigham
Health Plan

Continuing Blood Glucose Monitors (CGM)
Dexcom Products
FreeStyle Libre Products
Effective 03/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Continuous glucose monitors (CGM) are minimally invasive or noninvasive devices that measure glucose levels at set intervals, 24 hours a day, with a small electrode placed under the skin and held in place by an adhesive. Glucose measurements are recorded and translated into real time data, generating glucose direction and rate of change.

Products not covered through pharmacy*	Products that require PA
Dexcom G4	Dexcom products
Dexcom G5	Freestyle Libre products
Enlite	
Eversense	
Freestyle Navigator	
Guardian	

***These products are not available through the pharmacy benefit; however, may be covered under Durable Medical Equipment (DME) with a PA.**

Continuous glucose monitoring devices are only FDA-approved for patients with a diagnosis of diabetes mellitus. However, there are other populations that may benefit from glucose monitoring and therefore, may be appropriate candidates for CGM. Members with another non-diabetes-based condition causing a disorder of glucose metabolism of improper endogenous insulin secretion resulting in frequent hypoglycemia, nocturnal hypoglycemia, or hypoglycemic unawareness may require blood glucose monitoring. Examples of these disorders include but are not limited to:

- Seizure disorder
- Insulinoma
- Genetic conditions causing hyperinsulinemia

- Effect from post-surgical conditions (i.e., post esophagectomy, post fundoplication, post gastrectomy, post gastric bypass, post sleeve gastrectomy

Coverage Guidelines
Approval of a Dexcom products and FreeStyle Libre products may be granted for members who meet the following criteria:

Diabetes Mellitus
1. Member has a diagnosis of diabetes mellitus
2. Member has a paid claim or physician attestation requiring insulin administration or member is using an insulin pump†
3. ONE of the following is met:
    a. A1C ≥7% or value that does not meet documented target treatment goal
    b. Frequent hypoglycemia (or nocturnal hypoglycemia)
    c. History of hypoglycemic unawareness
    d. Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL.
    e. History of emergency room visit or hospitalization related to ketoacidosis or hypoglycemia
    f. Use with compatible insulin pump to achieve glycemic control
    g. Pregnancy

† Members not receiving insulin due to physical disability, visual impairment, cognitive impairment, or age <18 years may bypass this requirement.

Non-Diabetes Based Condition
1. Member has one of the following diagnoses:
    a. Seizure disorder
    b. Insulinoma
    c. Genetic conditions causing hyperinsulinemia
    d. Effect from post-surgical conditions (i.e., post esophagectomy, post fundoplication, post gastrectomy, post gastric bypass, post sleeve gastrectomy
2. Prescriber submits documentation of all of the following:
    a. Hypoglycemic risk
    b. Past hypoglycemic events
    c. Rationale for use of CGM instead of capillary blood glucose monitoring using test strips and a blood glucose meter (e.g., frequent hypoglycemia, nocturnal hypoglycemia, history of hypoglycemic unawareness, limited dexterity, and comorbid conditions that would impact ability to prick fingers [e.g., Raynaud's, autism, etc.])

Continuation of Therapy
Requests for reauthorization will be approved when all of the following criteria are met:
1. Improvement in diabetic or hypoglycemic control/relative stability (e.g., provider attestation or A1C improvement can be considered to meet this requirement)
2. Provider attestation that the member's CGM data has been reviewed and is being used to monitor or adjust treatment plan

Limitations
1. Initial requests and reauthorizations will be authorized for 12 months.
2. The following quantity limits apply:

CGM Component	Quantity Limit

Monitor	1 monitor per year
Receiver	1 receiver per year
Transmitter	1 transmitter per 90 days
Sensor	3 sensors per month

Exclusions

1. Replacement or repair of home long-term (more than 7 days) continuous glucose monitors when
    a. It is still under manufacture warranty.
    b. It is lost, stolen, or damaged due to improper care, or misuse, or neglect (the plan may require proof of the stolen or damaged item. Proof consists of a police report, pictures, or corroborating statement).
    c. The member has a functioning model and a newer or upgraded model is not medically necessary.
2. Devices or device features that are to be principally used for convenience and are not medically necessary.

References

1. American Diabetes Association. 7. Diabetes Technology: Standards of Medical Care in Diabetes-2019. Diabetes Care 2019; 42:S71
2. Kudva YC, Ahmann AJ, Bergenstal RM, et al. Approach to Using Trend Arrows in the FreeStyle Libre Flash Glucose Monitoring Systems in Adults. J Endocr Soc 2018; 2:1320
3. Welsh JB, Gao P, Derdzinski M, et al. Accuracy, Utilization, and Effectiveness Comparisons of Different Continuous Glucose Monitoring Systems. Diabetes Technol Ther 2019; 21:128

Review History

11/20/2019 – Reviewed at P&T
11/19/2020 – Updated and Reviewed Nov P&T; Added Freestyle Libre 2 to criteria
05/19/2021 – Updated and Reviewed May P&T; removed Type 1 diabetes and replaced with diabetes mellitus; Added reauthorization approval length; added QL; updated coverage guidelines and reauthorization guidelines. Effective 6/1/21.
09/01/2021 – Updated QL for transmitter. Effective 9/1/21.
09/22/2021 – Reviewed at P&T
11/17/2021 – Reviewed and Updated for Nov P&T: Guideline updated to add six new agents to UPPL including: Dexcom G4, Dexcom G5, Enlite, Eversense, Freestyle Navigator, and Guardian. Guideline updated to reflect preferred agents with "PD". Additionally, the criteria were updated to remove blood glucose testing requirement and wording of the insulin requirement was updated from multiple daily insulin injections to multiple daily insulin administrations. Criteria for A1c not meeting goal was updated to remove requirement of education and adherence to blood glucose testing. Effective 01/01/2022
03/16/2022 – Reviewed and Updated for March P&T; Guideline updated to include appendix for guidance for off-label requests. Additionally, NDCs 57599-0000-21 and 57599-0000-19 for Freestyle Libre 10 are obsolete, therefore a footnote was added for clarification. Effective 05/01/2022
11/16/2022 – Reviewed and Updated for Sept P&T; separated out MH vs. Comm/Exch. Changed Freestyle Libre 14 and Freestyle Libre 2 to Freestyle Libre products to allow for any new Freestyle Libre CGM on the market. Effective 01/01/2023.
01/11/2023 – Reviewed and Updated for Jan P&T; removed NDC from criteria. Changed covered products with PA from Dexcom G6 to Dexcom products to allow for any new Dexcom products on the market. Effective 4/1/2023
10/11/2023 – Reviewed and Updated for Oct P&T; no clinical changes.

03/13/2024 – Reviewed and Updated for March P&T; removed “multiple daily insulin injections” per consensus guidelines. Effective 4/1/2024
12/11/2024 – Reviewed and updated for December P&T. Moved off-label criteria from the Appendix to the Coverage Guidelines section. Updated reauthorization criteria to include improvement in hypoglycemic control as an option for demonstrating benefit from therapy. Effective 03/01/2025.