



**Continuing Blood Glucose Monitors (CGM)**  
**Dexcom 6**  
**FreeStyle Libre**  
**FreeStyle Libre 2**  
**Freestyle Libre 3**  
**Effective 01/01/2023**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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 G6 <sup>®</sup>
Dexcom G5	Freestyle Libre 14 day <sup>®</sup>
Enlite	Freestyle Libre 2 <sup>®</sup>
Eversense	Freestyle Libre 3 <sup>®</sup>
Freestyle Navigator	
Guardian	

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

The following NDCs are included will reject at the pharmacy as prior authorization required. Any NDC that is not listed here is not included and will reject at the pharmacy level with Exception Code 4114 (Product/service not covered, Plan/Benefit Exclusion).



**Dexcom G6®**

- 08627-0091-11 Dexcom G6 Receiver Kit (GSN 065863)
- 08627-0016-01 Dexcom G6 Transmitter Kit (GSN 065873)
- 08627-0053-03 Dexcom G6 Sensor 3-pack (GSN 065744)

**Freestyle Libre 14 day® and Freestyle Libre 2®**

- 57599-0002-00 FreeStyle Reader Kit 14 Day (GSN 077832)
- 57599-0001-01 FreeStyle Sensor Kit 14 Day (GSN 077828)
- 57599-0803-00 FreeStyle 2 Reader (GSN 077832)
- 57599-0800-00 FreeStyle 2 Sensor (GSN 077828)
- 57599-0818-00 Freestyle Libre 3 Sensor (GSN 077828)

\*NDC is included in the manufacturer contract; however, product is obsolete

**Coverage Guidelines**

Approval of a Dexcom 6, FreeStyle Libre 14 day, FreeStyle Libre 2 or Freestyle Libre 3 system may be granted for members who meet the following criteria and documentation is submitted:

1. Member has a diagnosis of diabetes mellitus (see Appendix for off-label indications)
2. Member has a paid claim or physician attestation requiring multiple daily insulin administrations or an insulin pump†
3. **ONE** of the following is met:
  - a. A1c  $\geq 7\%$  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 glyceemic control
  - g. Pregnancy

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

**Continuation of Therapy**

Reauthorization may be granted with current documentation from the prescriber when ALL of the following criteria are met:

1. Prescriber documents improvement in diabetic 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:

Monitor	1 monitor per year
Receiver	1 receiver per year
Transmitter	1 transmitter per 90 days
Dexcom G6, Freestyle Libre 14 day, Freestyle Libre 2	3 sensors per 30 days

Freestyle Libre 3 Sensor	2 sensors per 28 days
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**Appendix**

**Appendix: Off-Label requests for CGM**

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)

For these members, requests should document hypoglycemic risk and past events and should provide rationale for use of CGM instead of capillary blood glucose monitoring using test strips and a blood glucose meter. Examples of rationale for use of CGM instead of capillary blood glucose monitoring include but are not limited to:

- 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.)

**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 (AllWays HealthPartners 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. 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
2. American Diabetes Association. 7. Diabetes Technology: Standards of Medical Care in Diabetes-2019. Diabetes Care 2019; 42:S71
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

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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 Nov P&T. Matched MH. Freestyle Libre 3 added under the pharmacy benefit. Clarified QLs for sensors. Effective 1/1/23.

### **Disclaimer**

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