CareSource

PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Continuous Glucose Monitors
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
COVERAGE REQUIREMENTS	Prior Authorization Required QUANTITY LIMIT— Product Specific, see Quantity allowed below
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

FreeStyle Libre and FreeStyle Libre 2 are **preferred** products, Dexcom, Guardian Sensor 3, and Eversense are **non-preferred** products, and will only be considered for coverage under the **pharmacy** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

FreeStyle Libre

For **initial** authorization:

1. Diagnosis of Diabetes (type 1 or type 2); AND
2. Currently utilizing 3 or more injections of insulin per day; AND
3. Age 18 years and older; AND
4. One or more of the following:
   a) Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl)
   b) Hypoglycemic unawareness
   c) Poor glycemic control despite at least 4 finger-sticks per day
   d) Hypoglycemia overnight
   e) Recurring diabetic ketoacidosis (DKA)
   f) Insulin pump usage with poor control
   g) Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for an insulin dependent diabetic
5. **Quantity allowed:** 1 reader per lifetime, 10-day sensors: 3 sensors per 30 days, 14-day sensors: 2 sensors per 28 days.

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Documentation showing member benefit or clinical improvement (ex. decrease in hypoglycemic events, decrease in HbA1c or glucose readings)

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

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FreeStyle Libre 2

For **initial** authorization:

1. Diagnosis of Diabetes (type 1 or type 2); AND
2. Currently utilizing 3 or more injections of insulin per day; AND
3. Age 4 years and older; AND
4. One or more of the following:
   a) Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl)
   b) Hypoglycemic unawareness
   c) Poor glycemic control despite at least 4 finger-sticks per day
   d) Hypoglycemia overnight
   e) Recurring diabetic ketoacidosis (DKA)
   f) Insulin pump usage with poor control
   g) Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for an insulin dependent diabetic
5. **Quantity allowed:** 1 reader per lifetime, 2 sensors per 28 days

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

2. Documentation showing member benefit or clinical improvement (ex. decrease in hypoglycemic events, decrease in HbA1c or glucose readings)

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

Dexcom

For **initial** authorization:

1. For age 2-3 years:
   a) Member is currently on insulin delivery device compatible with Dexcom; OR
   b) Diagnosis of Diabetes (type 1 or type 2); AND
   c) Currently utilizing 3 or more injections of insulin per day; AND
   d) One or more of the following:
      i) Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl)
      ii) Hypoglycemic unawareness
      iii) Poor glycemic control despite at least 4 finger-sticks per day
      iv) Hypoglycemia overnight
      v) Recurring diabetic ketoacidosis (DKA)
      vi) Insulin pump usage with poor control
      vii) Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for an insulin dependent diabetic
2. For age 4 years and older:
   a) Member is currently on insulin delivery device compatible with Dexcom; OR
   b) Clinical reason why Freestyle Libre or Freestyle Libre 2 cannot be used; AND
   c) Diagnosis of Diabetes (type 1 or type 2); AND
   d) Currently utilizing 3 or more injections of insulin per day; AND
   e) One or more of the following:
      i) Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl)
      ii) Hypoglycemic unawareness
      iii) Poor glycemic control despite at least 4 finger-sticks per day
      iv) Hypoglycemia overnight
      v) Recurring diabetic ketoacidosis (DKA)
      vi) Insulin pump usage with poor control

vii) Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for an insulin dependent diabetic

3. **Quantity allowed:** 1 receiver per lifetime, 3 sensors per month, 1 transmitter per 90 days

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Documentation showing member benefit or clinical improvement (ex. decrease in hypoglycemic events, decrease in HbA1c or glucose readings)

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

Guardian Sensor 3

For **initial** authorization:

1. Member is currently on insulin delivery device compatible with Guardian Sensor 3; OR
2. Clinical reason why Freestyle Libre or Freestyle Libre 2 cannot be used; AND
3. Diagnosis of Diabetes (type 1 or type 2); AND
4. Age 7 years and older; AND
5. Currently utilizing 3 or more injections of insulin per day
6. One or more of the following:
   a) Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl)
   b) Hypoglycemic unawareness
   c) Poor glycemic control despite at least 4 finger-sticks per day
   d) Hypoglycemia overnight
   e) Recurring diabetic ketoacidosis (DKA)
   f) Insulin pump usage with poor control
   g) Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for an insulin dependent diabetic
7. **Quantity allowed:** 5 sensors per 35 days

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Documentation showing member benefit or clinical improvement (ex. decrease in hypoglycemic events, decrease in HbA1c or glucose readings)

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

Eversense

For **initial** authorization:

1. Member is currently on insulin delivery device compatible with Eversense; OR
2. Clinical reason why Freestyle Libre or Freestyle Libre 2 cannot be used; AND
3. Diagnosis of Diabetes (type 1 or type 2); AND
4. Age 18 years and older; AND
5. Currently utilizing 3 or more injections of insulin per day; AND
6. One or more of the following:
   a) Recurring episodes of at least moderately severe hypoglycemia (<50mg/dl)
   b) Hypoglycemic unawareness
   c) Poor glycemic control despite at least 4 finger-sticks per day
   d) Hypoglycemia overnight

e) Recurring diabetic ketoacidosis (DKA)
f) Insulin pump usage with poor control
g) Specific cases where CGM use led to improvement in control and the clinician feels that prolonged monitoring is needed for an insulin dependent diabetic

7. **Quantity allowed:** 1 smart transmitter per year, 1 sensor per 90 days

If member meets all the requirements listed above, the medication will be approved for 12 months.

For **reauthorization**:

1. Documentation showing member benefit or clinical improvement (ex. decrease in hypoglycemic events, decrease in HbA1c or glucose readings)

If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.

CareSource considers Continuous Glucose Monitoring not medically necessary for the treatment of the diseases that are not listed in this document.

DATE	ACTION/DESCRIPTION
8/27/2021	New policy for Continuous Glucose Monitors created.
12/6/2021	Added exception to non-preferred agents if member is on insulin delivery device.

References:

1. American Diabetes Association. 7. Diabetes technology: Standards of Medical Care in Diabetes – 2021. Diabetes Care 2021;44(Suppl. 1):S85-S99.
2. Battelino T, Danne T, Bergenstal RM, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations From the International Consensus on Time in Range. Diabetes Care. 2019;42(8):1593-1603. doi:10.2337/dci19-0028
3. Beck RW, Riddlesworth TD, Ruedy K, et al.; DIAMOND Study Group. Continuous glucose monitoring versus usual care in patients with type 2 diabetes receiving multiple daily insulin injections: a randomized trial. Ann Intern Med 2017;167:365-374.
4. Bolinder J, Antuna R, Geelhoed-Duijvestijn P, Kroger J, Weitgasser R. novel glucose-sensing technology and hypoglycaemia in type 1 diabetes: a multicentre, non-masked, randomized controlled trial. Lancet 2016;388:2254-2263.
5. Haak T, Hanaire H, Ajjan R, Hermanns N, Riveline J-P, Rayman G. Flash glucose-sensing technology as a replacement for blood glucose monitoring of the management of insulin-treated type 2 diabetes: a multicenter, open-label randomized controlled trial. Diabetes Ther 2017;8:55-73.
6. Evans M, Welsh Z, Ells S, Seibold A. The Impact of Flash Glucose Monitoring on Glycaemic Control as Measured by HbA1c: A Meta-analysis of Clinical Trials and Real-World Observational Studies. Diabetes Ther. 2020;11(1):83-95. doi:10.1007/s13300-019-00720-0

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