

PRIOR AUTHORIZATION POLICY

- POLICY:** Diabetes – Continuous Glucose Monitoring Systems Prior Authorization Policy
- Dexcom G4 Platinum Continuous Glucose Monitoring (CGM) System – Dexcom
 - Dexcom G5 CGM System – Dexcom
 - Dexcom G6 CGM System – Dexcom
 - Dexcom G7 CGM System – Dexcom
 - Eversense CGM System – Ascensia/Senseonics
 - Eversense E3 CGM System – Ascensia/Senseonics
 - Freestyle Libre CGM System – Abbott
 - Freestyle Libre 2 CGM System – Abbott
 - Freestyle Libre 3 CGM System – Abbott
 - Guardian Connect CGM System – Medtronic

REVIEW DATE: 01/11/2023

OVERVIEW

The products targeted in this policy are continuous glucose monitoring (CGM) systems. Freestyle Libre and Freestyle Libre 2 are considered intermittently scanned CGM (isCGM) systems, whereas the other devices are considered real-time CGM (rtCGM) systems. Of note, throughout the policy, the term CGM “system” refers to all applicable components, including sensor, transmitter/reader, and receiver.

Of note, the Dexcom G4 Platinum CGM System and the Dexcom G5 CGM System were discontinued by the manufacturer as of June 2020. Per the manufacturer, sensor supply for these systems, as well as technical support, would not be guaranteed after December 31, 2020.

Guidelines

The American Diabetes Association (ADA) Standards of Care (2023) comment on the role of rtCGM and isCGM in management of diabetes.¹ The use of rtCGM (level of evidence A) or isCGM (level of evidence B) should be offered for diabetes management in adults with diabetes on multiple daily insulin injections or CSII. These devices also should be offered in youth with diabetes on multiple daily insulin injections or CSII (level of evidence B for rtCGM in youth with type 1 diabetes; level of evidence E for other scenarios). The use of rtCGM (level of evidence A) or isCGM (level of evidence C) should also be offered for diabetes management in adults with diabetes on basal insulin. In all cases, it is noted that the choice of device should be made based on the individual’s circumstances, preferences, and needs.

The American Association of Clinical Endocrinology clinical practice guidelines regarding use of advanced technology in the management of persons with diabetes mellitus (2021) discuss CGM.² CGM is strongly recommended for all persons with diabetes treated with intensive insulin therapy, defined as three or more injections of insulin per day or the use of an insulin pump (Grade A; high strength of evidence). It is noted that CGM may be recommended for individuals with type 2 diabetes who are treated with less intensive insulin therapy; however, the strength of evidence is lower (Grade B; intermediate strength of evidence).

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of the targeted continuous glucose monitoring systems in this policy. All approvals are provided for the duration noted below.

Automation: None.

01/11/2023

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RECOMMENDED AUTHORIZATION CRITERIA

Coverage of the continuous glucose monitoring systems in this policy is recommended in those who meet the following criteria:

FDA-Approved Indication

1. Diabetes. Approve for 1 year if the patient meets the following criteria (A and B):

- A) Patient has a diagnosis of type 1 or type 2 diabetes; AND
- B) Patient is using an insulin regimen.

Note: This includes patients on a basal insulin regimen, basal and prandial insulin regimen, or continuous subcutaneous insulin infusion (insulin pump).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of the continuous glucose monitoring systems in this policy is not recommended in the following situations:

- 1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

- 1. American Diabetes Association. Standards of medical care in diabetes – 2023. *Diabetes Care.* 2023;46(Suppl 1):S1-S298.
- 2. Grunberger G, Sherr J, Allende M, et al. American Association of Clinical Endocrinology clinical practice guideline: the use of advanced technology in the management of persons with diabetes mellitus. *Endocr Pract.* 2021 Jun;27(6):505-537.