Field Name	Field Description
Prior Authorization Group Description	**Continuous Glucose Monitors**
Drugs	Preferred: Freestyle Libre 14 Day, Freestyle Libre 2, FreeStyle Libre 3, Dexcom G6, **Dexcom G7** Non-Preferred: Eversense (Sensor, Transmitter, and Reader components) And any newly marketed product in this class **This policy does not apply to continuous glucose monitor/insulin pump combination products reviewed and/or covered by the Medical Benefit including, but not limited to, the MiniMed. Requests for these products are referred to the plan's Utilization Management team for Review**
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Diabetes not treated with insulin
Required Medical Information	See "Other Criteria"
Age Restrictions	Patient must be age appropriate per prescribing information (PI)
Prescriber Restrictions	N/A
Coverage Duration	If all of the criteria are met, the request will be approved for 6 months.
Other Criteria	**Initial Authorization** • Member meets ONE of the following: o Diagnosis of diabetes which requires the use of insulin more than two times daily o Evidence of level 2 or level 3 hypoglycemia o Diagnosis of glycogen storage disease type 1a • If the request is for a non-preferred product, trial and failure of, or medical reason why patient cannot use, a preferred product. • If member is continuing use of a non-preferred CGM, trial of a preferred CGM first is not required **Reauthorization** • Prescriber attests member has attended regular follow-up visits at least once every six months and continues to benefit from the use of a continuous glucose monitor

Revision/Review Date **1/2023** ~~7/2022~~	**Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**