

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Continuous Glucose Monitoring Devices (CGMs) [CCC+ MCD only]

Override(s)	Approval Duration
Prior Authorization	Receiver: One time Sensors and transmitters: 1 year

Continuous Glucose Monitoring Devices (CGMs) – including sensor, transmitter, receiver	Comments
Dexcom Product Line Freestyle Libre Product Line	Preferred
Eversense Product Line Medtronic Product Lines for the following products: <ul style="list-style-type: none"> • Enlite sensors • Guardian (monitors, receivers, sensors, transmitters) • Minimed Guardian sensor • Sof-sensor 	Non-Preferred

APPROVAL CRITERIA

Step Therapy for non-preferred agents

Requests for non-preferred continuous glucose monitoring devices and supplies (receiver, transmitter, sensor) must meet the following criteria:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance of one preferred continuous glucose monitor (Dexcom Product Line or Freestyle Libre Product Line); **OR**
- II. Individual utilized an insulin pump that is only compatible with a non-preferred continuous glucose monitor.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Prior Authorization for all agents

Requests for continuous glucose monitoring devices may be approved when the following criteria are met:

- I. Individuals with Type I diabetes, no age limitations:
 - A. Inadequate glycemic control despite self-monitoring at least 4 x/day, with fasting glucose >150; **AND**
 - B. Recurring episodes of severe hypoglycemia <50 mg/dl **or** hypoglycemic unawareness; **AND**
 - C. Insulin injections are required three (3) or more times per day or an insulin pump is used for maintenance of blood sugar control.

OR

- II. Individuals with Type 2 diabetes, age >16:
 - A. Inadequate glycemic control despite self-monitoring at least 4 x/day, with fasting glucose >150; **AND**
 - B. Recurring episodes of severe hypoglycemia <50 mg/dl **or** hypoglycemic unawareness; **AND**
 - C. Insulin injections are required three (3) or more times per day or an insulin pump is used for maintenance of blood sugar control.

OR

- III. Pregnant individuals with Type 1 or Type 2 diabetes who are injecting insulin:
 - A. Inadequate glycemic control despite self-monitoring at least 4 x/day, with fasting glucose >150; **AND**
 - B. Recurring episodes of severe hypoglycemia <50 mg/dl **or** hypoglycemic unawareness; **AND**
 - C. Insulin injections are required three (3) or more times per day or an insulin pump is used for maintenance of blood sugar control.

Key References:

Commonwealth of Virginia's *State Plan for Medical Assistance* (Medicaid), Durable Medical Equipment and Supplies Manual, Chapter IV, Covered Services and Limitations, p.27, rev. 01/23/20

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.