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| Policy Name: | Continuous Glucose Monitors | Policy#: | 3139P |
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Purpose of the Policy

The purpose of this policy is to establish criteria for coverage of continuous glucose monitors (CGMs) and their corresponding sensors and transmitters under the pharmacy benefit. This policy applies to new starts to therapy only as prior authorization will be placed on CGMs effective 1/1/2023.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the coverage of Freestyle Libre or Dexcom G6 for new starts to therapy when the below step-edit criteria have been met. Users prior to 1/1/2023 will be allowed continued coverage if the legacy logic criteria below has been met.

Criteria

1. Step-Edit Criteria for Continuous Glucose Monitors, Sensors, and Transmitters/Receivers

- An electronic step-edit is in place that requires concomitant paid claims for insulin
 - The step-edit logic will look back 120 days for a paid claim for insulin. If a claim for insulin is found, the claim for a CGM and/or its corresponding sensor or transmitter/receiver will adjudicate to be covered at the pharmacy.
 - If no claim for insulin is found in the 120 day lookback, the claim for a CGM and-or its corresponding sensor or transmitter will reject for prior authorization and will require pharmacist review. Provider can submit medical chart documentation of member's use of insulin.
 - If member is not currently on insulin, provider can submit medical chart documentation to support medical necessity for CGM use such as a history of recurrent, problematic hypoglycemia events despite multiple attempts to adjust medication regimens
- Step-Edit exceptions for Medicare members will follow the most up to date CMS published coverage determination

2. Covered quantities of CGMs and their components

- Dexcom G6
 - Receiver—One receiver every 365 days
 - Transmitter—One transmitter every 90 days
 - Sensors—Three sensors every 30 days
- Dexcom G7
 - Receiver – One receiver every 3 years
 - Sensors – Three sensors every 30 days
- Freestyle Libre 10 Day System
 - Reader—One reader every 720 days
 - Sensors—Three sensors every 30 days
- Freestyle Libre 14 Day System, Freestyle Libre 2, Freestyle Libre 3
 - Reader—One reader every 720 days

- Sensors—Two sensors every 28 days

3. Exclusion Criteria

- Long-term continuous glucose monitors will not be covered for individuals that are not on insulin therapy unless documented medical necessity criteria has been met

4. Approval Period

- 12 months

References

1. American Diabetes Association Professional Practice Committee; 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes—2024. Diabetes Care 1 January 2024; 47 (Supplement_1): S158–S178.
2. Centers for Medicare & Medicaid Services Local Coverage Determination L33822; <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822>

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.