

Coverage of any drug intervention discussed in a Medica prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

☒ **Commercial (Small & Large Group)** ☒ **ASO** ☒ **Exchange/ACA**
☐ **Medicare Advantage (MAPD)**

Continuous Glucose Monitoring

MB2302

Covered Service: Yes

Prior Authorization Required: Yes, through Navitus.

Additional Information: None.

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

Wisconsin Medicaid Policy: Coverage of prescription drug benefits is administered by the Wisconsin Medicaid program. Coverage of medical drug benefits is administered by the Wisconsin Medicaid fee-for-service program. Medical drugs not paid on a fee-for-service basis by the Wisconsin Medicaid program are covered by the plan with no PA required.

Plan Approved Criteria: Continuous Glucose Monitors are considered medically appropriate when assessed by the following criteria to have quarterly utilization to be reviewed for appropriateness:

1. Continuous glucose monitoring (CGM) for members who require insulin with Type 1 or 2 diabetes requires prior authorization through the Health Services Division and may be considered medically necessary when one or more of the following are present:

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- 1.1. The medical record documentation supports that the member meets ANY of the following criteria:
 - 1.1.1. Member is on insulin;
 - 1.1.2. Member has demonstrated hypoglycemic unawareness; r
 - 1.1.3. Undetected hypoglycemia poses an occupational safety risk;
 - 1.1.4. Member has suboptimal diabetes control (e.g. glycated hemoglobin HbA1c $\geq 7\%$) and meets ONE (1) of the following:
 - 1.1.4.1. Member is unable to test capillary glucose readings due to a physical or cognitive limitation
 - 1.1.4.2. Member has widely fluctuating glucose levels
 - 1.1.4.3. Member fails to test with sufficient frequency (e.g. at least once per day);
 - 1.1.5. Member is expected to benefit from ongoing (CGM) use based upon a documented CGM trial;
 - 1.1.6. Members with post -bariatric hypoglycemia:
 - 1.1.7. Members unable to test via fingerstick due to physical or cognitive limitation;
 - 1.1.8. Member has gestational diabetes;
 - 1.1.9. Members with insulin pump compatible with any requested CGM, whether formulary or non-formulary
 - 1.2. Member is under the care of a Certified Diabetic Educator (CDE) and/or a provider with expertise in diabetes management; AND
 - 1.3 Member or caregiver will be or have been instructed regarding the use of CGM; AND
 - 1.4 Provider's documentation indicates that CGM may lead to considerable improvement in glycemic control and/or significant reduction in risk of symptomatic or unrecognizable hypoglycemia.
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2. Codes and descriptors listed in this document are provided for informational purposes only and may not be all inclusive or current. Listing of a code in this drug policy does not imply that the service described by the code is a covered or non-covered service. Benefit coverage for any service is determined by the member's policy of health coverage with the plan. Inclusion of a code in the table does not imply any right to reimbursement or guarantee claim payment. Other drug or medical policies may also apply.

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PRODUCT	NDC	Quantity Limit
DEXCOM G6 SENSOR	NDC: 08627005303	QL=3 sensors/28 days
DEXCOM G6 RECEIVER	NDC: 08627009111	QL=1 receiver/year
DEXCOM G6 TRANSMITTER	NDC: 08627001601	QL=1 transmitter/90 days
DEXCOM G7 SENSOR	NDC: 08627007701	QL=3 sensors/28 days
DEXCOM G7 RECEIVER	NDC: 08627007801	QL=1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY)	NDC: 57599000101	QL=2 sensors/28 days
FREESTYLE LIBRE 2 SENSOR	NDC: 57599080000	QL=2 sensors/28 days
FREESTYLE LIBRE 3 SENSOR	NDC: 57599081800	QL=2 sensors/28 days
FREESTYLE LIBRE RECEIVER	NDC: 57599000021	QL=1 receiver/year
FREESTYLE LIBRE 2 RECEIVER	NDC: 57599080300	QL=1 receiver/year

Brand	HCPCS code
Dexcom	A4239; E2103
Freestyle Libre	A4239; E2103
Guardian	; A4239; E2103
Eversense	A4238, E2102, insertion codes

1.0 NOTE: The use of physician samples or manufacturer discounts does not guarantee later coverage under the provisions of the medical certificate and/or pharmacy benefit. All criteria must be met in order to obtain coverage of the listed drug product.



(formerly WellFirst Health)

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