



MEDICATION POLICY

Generic Name: FreeStyle Libre Continuous Glucose Monitoring System

Therapeutic Class or Brand Name: FreeStyle Libre Continuous Glucose Monitoring System

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 5/18/2018

Date Last Reviewed/Revised: _____

GPI Codes: Sensors: 97202012046300

Reader Device: 97202012026200

Prior Authorization Criteria (may be considered medically necessary when ONE of criteria I through III is met):

- I. Diagnosis of diabetes Mellitis Type I AND ONE of the following:
 - A. Requires 4 or more times Self Monitored Blood Glucose (SMBG) checks per day
 - B. Use of an insulin pump
- II. Diagnosis of diabetes mellitis Type II requiring SMBG checks 4 or more times per day AND on insulin therapy via ONE of the following methods:
 - A. Basal insulin plus mealtime insulin injections
 - B. Use of an insulin pump
- III. Diagnosis of diabetes mellitus Type I or II with history of recurrent hypoglycemia (blood glucose 70 mg/dL or lower) and/or hypoglycemia unawareness

Exclusion Criteria:

- Diagnosis of gestational diabetes

Other Criteria:

- N/A

Quantity/Days Supply Restrictions:

- Sensors: 3 sensors / 30 days
- Reader device: 1 unit every 2 years

Approval Length:

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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- **Authorization:** 1 year
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective

Appendix:

N/A

References:

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5306122/https://www.ncbi.nlm.nih.gov/pubmed/27634581>
2. <https://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/cgms>
3. <https://www.ncbi.nlm.nih.gov/pubmed/29273897>
4. <http://diabetesed.net/wp-content/uploads/2017/12/2018-ADA-Standards-of-Care.pdf>

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