

Continuous Glucose Monitoring (CGM) Systems

Generic Name: N/A

Therapeutic Class or Brand Name: Continuous Glucose Monitoring (CGM) Systems

Applicable Drugs (if Therapeutic Class): All FreeStyle Libre products, all Dexcom® CGMs, all Guardian® CGM Systems, all Eversense® CGM systems, Medtronic Simpler®

Preferred: Dexcom G6, Dexcom G7, Dexcom G7 15-Day Sensor, Freestyle Libre 2, Freestyle Libre 2 Plus, Freestyle Libre 3, FreeStyle Libre 3 Plus, FreeStyle Libre 14 Day

Non-preferred: Dexcom G4, Dexcom G5, Eversense E3, Eversense 365, Guardian Connect, Guardian 3, Guardian 4, Medtronic Simpler®

Date of Origin: 5/18/2018

Date Last Reviewed / Revised: 12/2/2025

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. The patient fulfills ONE of the following diagnosis criteria A or B:
 - A. Diagnosis of diabetes mellitus Type I
 - B. Diagnosis of diabetes mellitus Type II
 1. Documentation that one of the following criteria a or b is met:
 - a) Adherence to an insulin regimen over the last 120-day period.
 - b) Documentation of one of the following 1 through 3:
 - (1) Hypoglycemia unawareness
 - (2) History of one level 3 hypoglycemic event (altered mental and/or physical status requiring third-party assistance for treatment)
 - (3) History of recurrent (more than one) level 2 hypoglycemic episodes and both of the following a and b:
 - (a) Blood glucose levels below 54 mg/dL (3.0 mmol/L)
 - (b) Documentation of at least one medication adjustment and/or modification to the treatment plan prior to the most recent hypoglycemic event.
- II. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines. See Appendix Table 1.
- III. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- N/A

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OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- See Appendix Table 1.

APPROVAL LENGTH

- **Authorization:** 1 year. Authorization will include applicable sensors, receivers, reader devices, and transmitters, WITH appropriate quantities and days' supply restrictions.
- **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

- Table 1. FDA-Approved Continuous Glucose Monitoring Systems

CGM System	Minimum Age, years	Quantity/ Days Supply Restrictions
Dexcom G6	2	<ul style="list-style-type: none"> • Sensors: 3 per 30 days • Receiver: 1 unit per year • Transmitter: 1 transmitter per 90 days
Dexcom G7	2	<ul style="list-style-type: none"> • All-in-one Sensor and Transmitter: 3 per 30 days • Receiver: 1 unit per year
Dexcom G7 15-Day Sensor	18	<ul style="list-style-type: none"> • Sensors: 2 per 30 days • Receiver (G7): 1 unit per year
Eversense 3	18	<ul style="list-style-type: none"> • Sensors: 1 per 90 days • Transmitter: 1 unit per year
Eversense 365	18	<ul style="list-style-type: none"> • Sensor: 1 per year • Transmitter: 1 unit per year
Freestyle Libre 14 Day	18	<ul style="list-style-type: none"> • Sensors: 2 per 28 days • Reader: 1 unit per year
Freestyle Libre 2	4	<ul style="list-style-type: none"> • Sensors: 2 per 28 days • Reader: 1 unit per year
Freestyle Libre 2 Plus	2	<ul style="list-style-type: none"> • Sensors: 2 per 30 days • Reader: 1 unit per year
Freestyle Libre 3	4	<ul style="list-style-type: none"> • Sensors: 2 per 28 days • Reader: 1 unit per year
Freestyle Libre 3 Plus	2	<ul style="list-style-type: none"> • Sensors: 2 per 30 days • Reader: 1 unit per year
Guardian Connect	14 to 75	<ul style="list-style-type: none"> • Guardian Sensor 3: 5 per 30 days • Transmitter: 1 unit per year

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Guardian 4 (For use with MiniMed 780G)	7	<ul style="list-style-type: none"> • Sensors: 5 per 30 days • Transmitter: 1 unit per year
Simplera (For use with InPen)	18	<ul style="list-style-type: none"> • Sensors: 5 per 30 days
Simplera Sync (For use with MiniMed 780G)	7	<ul style="list-style-type: none"> • Sensors: 5 per 30 days

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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 judgement in providing the most appropriate care for their patients.