MEDICAL MUTUAL®

Drug Policy

Policy:	Continuous Glucose Monitoring	Annual Review Date: 02/20/2024 Last Revised Date: 02/20/2024

OVERVIEW

Continuous glucose monitors (CGM) assist diabetics in assessing glucose values throughout the patient's day. CGM devices are inserted just beneath the skin and monitor interstitial glucose levels. Information is transmitted wirelessly to a monitor and in some cases a mobile phone application. The process involves the use of a noninvasive or minimally invasive device, consisting of a sensor, transmitter, and receiver. The sensor performs frequent subcutaneous or interstitial fluid glucose measurements. These data are then transmitted and stored for review. CGM devices are most commonly used in those with type 1 diabetes. CGM devices provide many glucose levels with a fair level of accuracy and allow for trend analysis. However, most do not eliminate the need for a finger-stick glucose test. Newer continuous glucose monitoring devices provide real-time glucose measurements for instant viewing.

POLICY STATEMENT

Prior authorization is required for coverage of continuous glucose monitors or readers, sensors, and transmitters (see Appendix 1). Approval is recommended for those who meet the conditions of coverage in the **Criteria** for the diagnosis provided. Reapprovals will not be given for instances where it was determined that the equipment was maliciously damaged, neglected, used or misused in a fashion not intended by the manufacturer. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Continuous Glucose Monitor/Sensor/Transmitters as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Continuous Glucose Monitor/Sensor/Transmitters be prescribed by or in consultation with a physician who specializes in the condition being treated. For coverage, the provider must be a board-certified endocrinologist, an internist or a physician specializing in diabetes management (e.g., family practice specialist) capable of ordering and interpreting continuous glucose monitoring results. Approved continuous glucose monitors may still be subject to quantity limit restrictions

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of a continuous glucose monitor, transmitters, and/or sensors are/ recommended in those who meet the following criteria below.

1. **Continuous glucose monitoring:** may be indicated for 1 or more of the following.

a. Type 1 or type 2 diabetes mellitus, and **long-term** continuous glucose monitoring needed, as indicated by ALL of the following:
    i. Intensive insulin regimen (3 or more insulin injections per day, or use of continuous subcutaneous insulin infusion pump)
    ii. Patient consistently monitors blood glucose 3 or more times per day
    iii. Patient is motivated and knowledgeable about use of continuous glucose monitoring, is adherent to diabetic treatment plan, and participates in ongoing education and support

b. Type 1 or type 2 diabetes mellitus, and **short-term** continuous glucose monitoring needed, as indicated by ALL of the following:
    i. Additional information about blood glucose needed, as indicated by 1 or more of the following:
        1. Dawn phenomenon, known or suspected
        2. Hypoglycemic unawareness (i.e. patient does not have symptoms with hypoglycemia)
        3. Nocturnal hypoglycemia, known or suspected
        4. Postprandial hyperglycemia, known or suspected
        5. Significant change to diabetes treatment regimen (e.g. initiation of insulin, change from multiple-dose insulin to insulin pump therapy)
        6. Unexplained hyperglycemia
    ii. Monitoring limited to 3 to 14 days

Approval: 365 days (1 year) for long-term monitoring
14 days for short-term monitoring, limited to two (2) approvals per year

---

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Continuous glucose monitor/sensor/transmitters have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or

performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Klonoff DC, Ahn D, Drincic A.Continuous glucose monitoring: A review of the technology and clinical use. Diabetes Res Clin Pract. 2017 Sep 1;133:178-192.
2. Hirsch, I. B. (2009). Clinical review: realistic expectations and practical use of continuous glucose monitoring for
3. the endocrinologist. *J Clin Endocrinol Metab*, *94*(7), 2232-2238.
4. Wolpert, H. A. (2010). Continuous glucose monitoring — coming of age. *N Engl J Med*, *363*(4), 383-384.
5. National Institute for Health and Clinical Excellence. (2008, July). *NICE technology appraisal guidance 151.Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus. Review of technology appraisal guidance 57*. Retrieved from http://www.nice.org.uk/nicemedia/pdf/TA151Guidance.pdf.

Appendix 1:

Product	Corresponding Sensor	Corresponding Transmitter/Receiver
Freestyle Libre	FreeStyle Libre Sensor	FreeStyle Libre Flash Glucose Monitoring System
Freestyle Libre 2	Freestyle Libre 2 Sensor	Freestyle Libre 2 Reader
Freestyle Libre 3	Freestyle Libre 3 Sensor	Freestyle Libre 3 Reader
Dexcom G7	Dexcom G7 Sensor	Dexcom G7 Receiver
Dexcom G6	Dexcom G6 Sensor	Dexcom G6 Receiver Dexcom G6 Transmitter Dexcom G6 App (with smart device)
Dexcom G5	G5 Sensor G4 PLATINUM sensor can be used with G5 mobile system	Dexcom G5 Receiver (Dexcom Receiver Kit) Dexcom G5 Transmitter Dexcom G5 App (with smart device)

Dexcom G4 Platinum Pediatric	G4 Platinum Sensor	Dexcom G4 Platinum Pediatric Receiver Dexcom G4 Platinum Transmitter
Dexcom G4	G4 PlaSensor	Dexcom G4 Receiver Dexcom G4 Transmitter
Guardian Real-Time Glucose Monitor	Sof-Sensor (MMT-7002/MMT-7003) sensor	Guardian Real-Time monitor (CSS7100/CSS7100K) Medtronic MiniLink transmitter (MMT-7703)
Paradigm Real-time System	Sof-Sensor (MMT-7002/MMT-7003)	MMT-523/723 insulin pumps MMT-523K/723K pediatric insulin pumps Medtronic MiniLink transmitter (MMT-7703)
Seven Plus System Starter Kit		
Enlite System Kit	Enlite Sensor	MINIMED 530G Insulin Pump MINIMED 630G Insulin Pump Guardian Link Transmitter
Sof-Sensor		Paradigm® Real-Time insulin pump Paradigm® Real-Time Revel™ insulin pump Guardian® Real-Time Continuous Glucose Monitoring System
Freestyle Navigator Sensor Kit		

Guardian 3	Guardian Sensor 3	Minimed 670G Insulin Pump Guardian Link 3 Transmitter Guardian Connect Transmitter - Uses guardian connect app for smart devices
Guardian 4	Guardian 4 Glucose Sensor	Guardian 4 Transmitter
Guardian Connect System		
Eversense E3	Eversense E3 Sensor-HLDR	Eversense Ee3 Smart Transmitter Eversense Mobile App