

Continuous Glucose Monitor Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
04-01-2025

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Dexcom g6 receiver ; Dexcom g6 sensor ; Dexcom g6 transmitter ; Dexcom g7 receiver ; Dexcom g7 sensor ; Freestyle libre 14 day/re ; Freestyle libre 14 day/se ; Freestyle libre 2/reader/ ; Freestyle libre 2/sensor/ ; Freestyle libre 3/reader/ ; Freestyle libre 3/sensor/ ; Freestyle libre 3 Plus/sensor/ ; Freestyle libre/reader	*continuous glucose monitor supplies*** ; *continuous glucose system receiver*** ; *continuous glucose system sensor*** ; *continuous glucose system transmitter***		M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Dexcom g6 receiver ; Dexcom g7 receiver ; Freestyle libre 14 day/re ; Freestyle libre 2/reader/ ; Freestyle libre 3/reader/ ; Freestyle libre/reader/fl	*Continuous Blood Glucose System Receiver***		1	Receiver	365	DAYS			
Dexcom g6 sensor ; Dexcom g7 sensor ; Freestyle libre 3/sensor/	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		3	Sensors	30	DAYS			086270 05303 ; 086270 07701;5 009063 8500;
Dexcom g6 transmitter	*Continuous Blood Glucose System Transmitter***		1	Transmitter	90	DAYS			
Freestyle libre 14 day/se ; Freestyle libre 2 plus/se ; Freestyle libre 2/sensor/ ; Freestyle libre 3 plus/se ;	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		2	Sensors	28	DAYS			575990 00101 ; 575990 80000 ; 575990 81800 ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Freestyle libre 3/sensor/									575990 83500 ; 575990 84400;

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Dexcom g6 receiver ; Dexcom g6 sensor ; Dexcom g6 transmitter ; Dexcom g7 receiver ; Dexcom g7 sensor ; Freestyle libre 14 day/re ; Freestyle libre 14 day/se ; Freestyle libre 2/reader/ ; Freestyle libre 2/sensor/ ; Freestyle libre 3/reader/ ; Freestyle libre 3/sensor/ ; Freestyle libre 3 Plus/sensor/ ; Freestyle libre/reader	*continuous glucose monitor supplies*** ; *continuous glucose system receiver*** ; *continuous glucose system sensor*** ; *continuous glucose system transmitter***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Dexcom g6 receiver ; Dexcom g7 receiver ; Freestyle libre 14 day/re ; Freestyle libre 2/reader/ ; Freestyle libre 3/reader/ ; Freestyle libre/reader/fl	*Continuous Blood Glucose System Receiver***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Dexcom g6 sensor ; Dexcom g7 sensor ; Freestyle libre 3/sensor/	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Dexcom g6 transmitter	*Continuous Blood Glucose System Transmitter***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Freestyle libre 14 day/se ; Freestyle libre 2 plus/se ; Freestyle libre 2/sensor/ ; Freestyle libre 3 plus/se ; Freestyle libre 3/sensor/	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval				
	<table><tr><th>TARGET AGENT(S)</th></tr><tr><td>Dexcom G6 Dexcom G7 Freestyle Libre Freestyle Libre 2 Freestyle Libre 3</td></tr></table> <p>Target Agent(s) will be approved when ONE of the following is met:</p> <p>A. The requested agent is eligible for continuation of therapy AND the following:</p> <table><tr><th>Agents Eligible for Continuation of Therapy</th></tr><tr><td>All target agents are eligible for continuation of therapy</td></tr></table> <p>1. The prescriber states the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days AND is at risk if therapy is changed OR</p> <p>B. ALL of the following:</p> <p>1. The patient has diabetes mellitus AND</p> <p>2. ONE of the following:</p> <p>A. The patient has a medication history of use in the past 90 days of an insulin containing agent [chart notes required] OR</p> <p>B. The patient has a disability that requires use of a continuous blood glucose monitor OR</p> <p>C. The patient has recurring episodes of hypoglycemia AND</p> <p>3. ONE of the following:</p> <p>A. The patient’s age is within the manufacturer recommendations for the requested indication for the requested product OR</p> <p>B. There is information in support of using the requested product for the patient’s age</p>	TARGET AGENT(S)	Dexcom G6 Dexcom G7 Freestyle Libre Freestyle Libre 2 Freestyle Libre 3	Agents Eligible for Continuation of Therapy	All target agents are eligible for continuation of therapy
TARGET AGENT(S)					
Dexcom G6 Dexcom G7 Freestyle Libre Freestyle Libre 2 Freestyle Libre 3					
Agents Eligible for Continuation of Therapy					
All target agents are eligible for continuation of therapy					

Module	Clinical Criteria for Approval
	<p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>The requested agent will also be approved when the following are met:</p> <ol style="list-style-type: none"> 1. The member resides in Ohio AND 2. The plan is Fully Insured or HIM Shop (SG) AND BOTH of the following <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity limit for the Target Agent(s) will be approved when the following is met:</p> <ol style="list-style-type: none"> 1. There is support for therapy with a higher quantity <p>Length of Approval: 12 months</p>