JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Health Plans **Pharmacy Public** **Pharmacy Management Drug Policies**	*Policy Number*	MEDS143
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	Subject **Continuous Glucose Monitoring (CGMs) Devices**	*Revision Date*	10/18/2023
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: Continuous Glucose Monitoring, Dexcom G6, Dexcom G7, Freestyle Libre 14-day, Freestyle Libre 2, Freestyle Libre 3

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I. POLICY

A. Continuous Glucose Monitoring (CGM) devices will require prior authorization for appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.
   1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
   2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA

A. Formulary Freestyle Libre 3, Freestyle Libre 2, Freestyle Libre 14-Day, Dexcom G6, and Dexcom G7 products may be approved for patients with documentation of the following:
   1. Patient has type 1 diabetes or type 2 diabetes
   2. Patient requires one of the following to maintain blood glucose control:
      a. 3 or more insulin injections daily
      b. the use of an insulin pump
   3. Patient has at least one of the following:
      a. frequent severe hypoglycemia (blood glucose level less than 50mg/dl)
      b. hypoglycemic unawareness requiring another person's assistance for glucose rescue action
      c. Hemoglobin A1c levels≥ 7.0%
   4. Patient or caregiver has received diabetes education and training on using CGM devices, and will be sharing device reading with provider

B. Non-formulary CGM products may be approved for patients meeting the following:
   1. Documentation has been submitted showing that the patient meets all of the same criteria required for the formulary products
   2. A clinical rationale has been provided indicating why the patient is unable to use the formulary CGM products, and how the non-formulary product is medically necessary
      a. Caveat for insulin pump users:
         I. A non-formulary CGM product may be approved if documentation has been submitted showing both of the following:
            i. The patient is currently using an insulin pump that is paired with the non-formulary CGM product

ii. The patient meets all the same criteria required for the formulary products

III. AUTHORIZATION PERIOD/LIMITATIONS

A. Initial approval will be for up to 36 months
B. Continuation of therapy may be approved in 36-month intervals with documentation showing the following:
   1. Patient has had a clinical improvement from using the CGM device

IV. EXCLUSIONS

A. CGM devices will not be approved for the following:
   1. Any uses that are not FDA-approved, or guideline-supported
B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

1. American Diabetes Association. 7. Diabetes Technology: Standards of Medical Care in Diabetes – 2021. Diabetes Care. 2021;44(Suppl 1):S1-S232. Available at: https://care.diabetesjournals.org/content/44/Supplement_1. Accessed 1/03/2022
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33822 - Glucose Monitors. (Contractor: NHIC Corp.) Revision Effective Date: 07/18/2021. Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822. Accessed 1/03/2022
3. Maryland Department of Health. Maryland Medical Assistance Program. General Provider Transmittal No. 83 October 5 2016. Available at: https://health.maryland.gov/mmcp/longtermcare/SiteAssets/SitePages/Community%20First%20Choice/PT%2008-17%20Medicaid%20Program%20Updates%20for%20Fall%202016.pdf. Accessed 01/03/2022

VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
01/19/2022	Policy Creation
02/11/2022	Updated authorization durations
08/30/2022	Clarified criteria regarding insulin pump users
10/18/2023	Updated clinical criteria

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