Clinical Policy: Continuous Glucose Monitors

Reference Number: IL.ERX.PHAR.214
Effective Date: 06.01.21
Last Review Date: 11.21
Line of Business: Illinois Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Blood glucose monitoring is an important aspect of managing diabetes. This policy is developed to manage requests for continuous blood glucose devices and associated sensors/supplies.

FDA Approved Indication(s)
Continuous glucose monitors (CGMs) are indicated for the management of diabetes in persons age2 years and older.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions that continuous glucose monitors are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Diabetes (must meet all)**:**

1. Diagnosis of diabetes mellitus;
2. Age ≥ 2 years;
3. Member must use Dexcom G6® monitor;
4. Member has been utilizing a blood glucose monitor (BGM) and performing frequent (four or more times a day) BGM testing for at least 30 days;
5. Member is currently insulin-treated with one of the following (a or b):
   a. Multiple (three or more) daily injections of insulin;
   b. A continuous subcutaneous insulin infusion pump.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Diabetes

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
BGM: blood glucose monitor
CGM: continuous glucose monitor
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications
Not applicable

Appendix D: General Information
- Components of the Dexcom G6 CGM System are:
  - Receiver (Dexcom receiver*): replacement frequency not specified
    **A personal smart device (e.g., smart phone, smart watch) may also be used, either instead of or in addition to the Dexcom receiver*
  - Transmitter (G6 transmitter): replaced every 3 months
  - Sensor (applicator with built-in sensor): replaced every 10 days

V. Product Availability

Packaging varies by product and manufacturer.

VI. References

Not applicable

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	04.15.21	05.21
4Q 2021 annual review: no significant changes; added Appendix D with information about components of the Dexcom G6; references reviewed and updated.	06.28.21	11.21

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.