



## Prior Authorization Criteria for Non-Preferred Continuous Glucose Monitors

All UCare Medicare Plans

### **Targeted Products:**

- Continuous Glucose Monitors (CGMs): Guardian and Eversense

### **Exclusion Criteria:**

- None

### **Age Restrictions:**

- None

### **Prescriber Restrictions:**

- None

### **Coverage Duration:**

- 1 year

### **Other Criteria:**

For Initial Requests - Approve if the member meets all of the following:

- 1) has diabetes mellitus, AND
- 2) has tried and had an inadequate experience with both formulary continuous glucose monitor (CGM) systems (Dexcom and Freestyle Libre) or there is a clinical reason all of the formulary CGMs cannot be used, AND
- 3) the member is treated with insulin at least once per day or has a history of problematic hypoglycemia with documentation of at least one of the following: Recurrent level 2 hypoglycemic events (glucose less than 54mg/dL (3.0mmol/L) that persist despite multiple (2 or more) attempts to adjust medication(s) and/or modify the diabetes treatment plan, or, a history of one level 3 hypoglycemic event (glucose less than 54mg/dL (3.0mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia, AND
- 4) the member (or the members caregiver) must have been properly trained on using the requested CGM as evidenced by the treating practitioner providing a prescription, AND
- 5) the CGM is prescribed according to its Food and Drug Administration (FDA) indicated use, AND
- 6) the prescriber has had an in-person visit or approved telehealth visit with the member within the past six months, prior to ordering the CGM, to evaluate their diabetes control.

For Continuation Requests - Approve if the member meets all of the following:

- 1) has diabetes mellitus, AND

H2456\_H5937\_Y0120\_14381\_092024\_C  
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- 2) has tried and had an inadequate experience with both formulary continuous glucose monitor (CGM) systems (Dexcom and Freestyle Libre) or there is a clinical reason all of the formulary CGMs cannot be used, AND
- 3) if the treating practitioner conducts an in-person or Medicare-approved telehealth visit with the member to document adherence to their CGM regimen and diabetes treatment plan every six months following the initial prescription of the CGM.



## **Prior Authorization Criteria for Non-Preferred Diabetic Testing Supplies**

All UCare Medicare Plans

### **Targeted Products:**

- Non-Preferred Testing Supply (examples include): Contour test strips, ReliOn test strips, Accu-Chek test strips, TrueTrack test strips, Precision test strips, Freestyle test strips

### **Exclusion Criteria:**

- None

### **Age Restrictions:**

- None

### **Prescriber Restrictions:**

- None

### **Coverage Duration:**

1 year

### **Other Criteria:**

Approve the non-preferred testing supply for a member with diabetes if the prescriber has concluded the member has sufficient training to use the requested device prescribed AND meets one of the following:

- 1) is using an insulin pump that requires the requested testing supply product for optimal benefit, OR
- 2) has tried at least two formulary alternative testing supply products (if two unique testing supply products are available), AND the previously tried formulary alternative testing supply products were ineffective in managing the condition listed for use, OR
- 3) the formulary testing supply products are expected to be less effective than the non-formulary testing supply products OR the formulary products would be likely to cause harm to the patient, OR
- 4) the member has severe visual impairment AND is requesting a meter with audio capabilities. Examples include but are not limited to the following: Advocate (Redi-Code plus speaking meter), Arkray (Glucocard Expression, Glucocard Shine Express), Foracare (Fora D40D, Fora D40G, For a Gtel, Fora Premium V10 BLE, Fora Test N' Go, Fora Tn'G Voice, Fora V30), Oak Tree Health (EasyMax V, Fortiscare V3), Omnis Health (Embrace Talk), Prodigy (Prodigy Autocode, Prodigy Voice), Relion Premier Voice, OR
- 5) the member has a manual dexterity impairment severe enough to require the use of a specific glucose monitoring system

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຮມາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: [cag@ucare.org](mailto:cag@ucare.org)

**Auxiliary Aids and Services: UCare** provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services: UCare** provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 Midwest Region  
 233 N. Michigan Avenue, Suite 240  
 Chicago, IL 60601  
 Customer Response Center: Toll-free: 800-368-1019  
 TDD Toll-free: 800-537-7697  
 Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
 540 Fairview Avenue North, Suite 201  
 St. Paul, MN 55104  
 651-539-1100 (voice)  
 800-657-3704 (toll-free)  
 711 or 800-627-3529 (MN Relay)  
 651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service