



Prior Authorization Criteria for Non-Preferred Continuous Glucose Monitors

Targeted products:

- Continuous Glucose Monitors (CGMs): Guardian, Eversense, Simpler, Enlite

Exclusion criteria:

- None

Age restrictions:

- None

Prescriber restrictions:

- None

Coverage duration:

- 1 year

Other criteria:

For initial requests, approve if the member meets all 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 54 mg/dL (3.0 mmol/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 54 mg/dL (3.0 mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia, AND
4. The member (or the member's 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, before ordering the CGM, to evaluate their diabetes control



For continuation requests, approve if the member meets all 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 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>

History

Type of revision	Summary of changes	Review date
Aspirus P&T review	Policy reviewed and approved by Aspirus P&T committee. Annual review process.	06/16/2025
Policy revision	Added Simplera and Enlite to the Targeted Products list. The preferred CGMs only include Freestyle Libre and Dexcom products. No criteria changes as is in alignment with Medicare LCD L33822 – Glucose Monitors.	09/22/2025



Prior Authorization Criteria for Non-Preferred Diabetic Testing Supplies

Targeted products:

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

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, Fora 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

HISTORY

Type of revision	Summary of changes	Review date
Aspirus P&T review	Policy reviewed and approved by Aspirus P&T committee. Annual review process.	06/16/2025
Policy revision	Removed Accu-Chek Test Strips from the Targeted Products list and updated to Accu-Chek Smartview and Accu-Chek Aviva Plus, as Accu-Chek Guide is now a preferred product. No criteria changes as is in alignment with Medicare LCD L33822 – Glucose Monitors.	09/22/2025

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