

DRUG POLICY

Continuous Glucose Monitors

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy. The following products are included in this policy: Dexcom (all products), Eversense (all products), Freestyle Libre (all products), Guardian (all products), Instinct (all products), and Simpler (all products). For this program, Dexcom and Freestyle Libre are the preferred products. The criteria will require the use of the health plan's preferred products before the use of non-preferred products unless there are clinical circumstances that exclude the use of all the preferred products, the patient is currently receiving treatment with the non-preferred product and experience a positive therapeutic outcome, or there is only one preferred product for an indication. Eversense is excluded from the preferred continuous glucose monitor requirement.

POLICY

SCREEN OUT LOGIC

If the member has filled a prescription for insulin within the past 180 days, then the requested product will be paid under the pharmacy benefit.

If the member has no paid prescription claims for insulin within the past 180 days, the claim will reject with a message indicating that prior authorization is required. The prior authorization criteria will apply according to the usual prior authorization process.

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Initial Criteria:

1. Claims history, chart notes, or medical records documenting insulin therapy, if applicable
2. Laboratory values, chart notes, or medical records documenting hypoglycemia episodes, if applicable

Continuation Criteria:

1. Claims history, chart notes, or medical records documenting insulin therapy, if applicable
2. Laboratory values, chart notes, or medical records documenting improved glycemic control or decreased hypoglycemia episodes, if applicable

Criteria for Initial Approval

Diabetes mellitus

Authorization of 12 months may be granted for the requested continuous glucose monitor and associated accessories when the member has a diagnosis of diabetes mellitus and ONE of the following criteria is met:

1. The member is prescribed insulin
2. The member has experienced at least two episodes of level 2 hypoglycemia events (glucose <54 mg/dL [3.0 mmol/L]) that persist despite more than one attempt to adjust medication(s) or modify the treatment plan; or, at least one episode of level 3 hypoglycemia (glucose <54 mg/dL [3.0 mmole/L]) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia.

Gestational diabetes

Authorization of 9 months may be granted for the requested continuous glucose monitor and associated accessories when the member has a diagnosis of gestational diabetes and is prescribed insulin

Continuation of Therapy

Authorization of 12 months may be granted for continued treatment when the member is being assessed every six months by the prescriber for adherence to their continuous glucose monitor (CGM) regimen and diabetes treatment plan and the member has a diagnosis of diabetes mellitus and ONE of the following criteria is met:

1. The member is prescribed insulin
2. The patient has experienced improved glycemic control or decreased hypoglycemia episodes while using a continuous glucose monitor (CGM)

Non-Formulary Exception Criteria

Non-Formulary Exception criteria applies to formularies which do not include the requested product(s) on the formulary drug list. Meeting the criteria above may satisfy some, or all, portions of the Non-Formulary Exception Criteria. A product that is non-formulary may be covered when the Criteria for Approval AND the following criteria are met:

1. The requested product(s) must be used for an FDA-cleared indication, or an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines). Diagnostic testing/lab results required when applicable.
2. The prescribed quantity must fall within the FDA-approved labeling or guidelines found in the compendia of current literature.
3. All covered formulary alternative product(s) on any tier will be ineffective, have been ineffective, would not be as effective as the non-formulary product, or would have adverse effects. Documentation is required and must include chart note(s) or other documentation indicating prior treatment failure, severity of the adverse event (if any), and dosage and duration of the prior treatment, or contraindication to formulary alternatives.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits Apply

Product	Standard Limit
Dexcom G6 Receiver	1 receiver per 365 days
Dexcom G6 Sensor	3 sensors per 30 days
Dexcom G6 Transmitter	1 transmitter per 90 days
Dexcom G7 Receiver	1 receiver per 365 days
Dexcom G7 Sensor	3 sensors per 30 days
Dexcom G7 15 Day Sensor	2 sensors per 30 days
Freestyle Libre Reader	1 reader per 365 days
Freestyle Libre 14-Day Reader	1 reader per 365 days
Freestyle Libre 14-Day Sensor	2 sensors per 28 days
Freestyle Libre 2 Reader	1 reader per 365 days
Freestyle Libre 2 Sensor	2 sensors per 28 days
Freestyle Libre 2 Plus Sensor	2 sensors per 30 days
Freestyle Libre 3 Reader	1 reader per 365 days
Freestyle Libre 3 Sensor	2 sensors per 28 days
Freestyle Libre 3 Plus Sensor	2 sensors per 30 days

CLINICAL RATIONALE

Continuous Glucose Monitors (CGMs) are devices that measure interstitial glucose, which correlate well with plasma glucose. Currently, there are two types of CGM system technologies available for personal use: real-time CGM (rtCGM) and intermittently scanned (isCGM). The rtCGM systems automatically transmit data to the receiver and/or smartphone, whereas isCGM systems require a person to swipe the receiver and/or smartphone close to the sensor to obtain current and historical sensor glucose data.

The American Diabetes Association (ADA) Standards of Care in Diabetes – 2025 recommends that rtCGM or isCGM be offered to all youth and adults with diabetes receiving insulin therapy. This is an update to the 2023 recommendation which only applied to patients receiving intensive (i.e., bolus) insulin therapy.

For patients who are continuing therapy with a continuous glucose monitor, coverage will be considered if the patient is prescribed insulin, experienced improved glycemic control, or experienced decreased hypoglycemia episodes while using a continuous glucose monitor. Upon continuation, the patient must also be assessed by the prescriber every six months for adherence to their CGM regimen and diabetes treatment plan.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- A4238 - Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
- A4239 - Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service
- A9276 - Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment interstitial continuous glucose monitoring system, one unit = 1 day supply
- A9277 - Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
- A9278 - Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system
- E2103 - Non-adjunctive, non-implanted continuous glucose monitor or receiver

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POLICY HISTORY

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