Healthy Blue

Medicaid Managed Care

Provider Bulletin
April 2023

Louisiana Medicaid Continuous Glucose Monitoring Devices (CGMs)

Override(s)	Approval Duration
Prior Authorization	Receiver: One time Sensors and transmitters: 1 year

Continuous Glucose Monitoring Devices (CGMs) – including sensor, transmitter, receiver	Comments
Dexcom Product Line Freestyle Libre Product Line	Preferred
Eversense Product Line Medtronic Product Lines for the following products: • Enlite sensors • Guardian (monitors, receivers, sensors, transmitters) • Minimed Guardian sensor • Sof-sensor	Non-Preferred

Product/Product Line	Quantity Limit
Dexcom G5 Receiver*	1 receiver per year (based on manufacturer warranty)
Dexcom G5 Transmitter	1 transmitter per 90 days
Dexcom G5 Sensor	4 sensors per 28 days
Dexcom G6 Receiver*	1 receiver per year (based on manufacturer warranty)

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Dexcom G6 Transmitter	1 transmitter per 90 days
Dexcom G6 Sensor	3 sensors per 30 days
Dexcom G7 Receiver*	1 receiver per year (based on manufacturer warranty)
Dexcom G7 Sensor	3 sensors per 30 days
Freestyle Libre reader*	1 reader per year (based on manufacturer warranty)
Freestyle Libre 10 day sensor	3 sensors per 30 days
Freestyle Libre 14 day Reader*	1 reader per year (based on manufacturer warranty)
Freestyle Libre 14 day Sensor	2 sensors per 28 days
Freestyle Libre 2 Reader*	1 reader per year
Freestyle Libre 2 Sensor	2 sensors per 28 days
Guardian Connect Transmitter*	2 transmitters per year
Guardian Sensor (3)	5 sensors per 30 days
Eversense Smart Transmitter*	1 transmitter per year

Approval Criteria

Step therapy for non-preferred agents

Requests for non-preferred continuous glucose monitoring devices and supplies (receiver, transmitter, sensor) must meet the following criteria:

- Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance of one preferred continuous glucose monitor (Dexcom Product Line or Freestyle Libre Product Line); **or**
- Individual utilized an insulin pump that is only compatible with a non-preferred continuous glucose monitor.

Prior authorization for all agents

Personal long-term use of continuous interstitial glucose monitoring devices as an adjunct to standard care may be approved for *any* of the following:

- Individuals with a diagnosis of type I diabetes with recurrent, unexplained, severe hypoglycemia (glucose levels < 50 mg/dl), or impaired hypoglycemia awareness that puts the beneficiary at risk; **or**
- Pregnant beneficiary with poorly controlled type I diabetes evident by recurrent unexplained hypoglycemic episodes, hypoglycemic unawareness, or postprandial hyperglycemia, or recurrent diabetic ketoacidosis **or**
- Individuals, regardless of age, with diabetes mellitus (any type) who meet the following criteria:
    - Recurring episodes of hypoglycemia; **and**
    - Inadequate glycemic control despite multiple alterations in self-monitoring and insulin administration regimens to optimize care; **and**
    - Insulin injections are required multiple times daily or a medically necessary insulin pump is used for maintenance of blood sugar control

The *replacement* of continuous interstitial glucose monitoring devices may be approved when the following criteria have been met:

- The device is out of warranty; **and**
- The device is malfunctioning; **and**
- The device cannot be refurbished.

Use of continuous interstitial glucose monitoring devices may not be approved for all other indications, including, but not limited to, when the criteria above have not been met.

Replacement of currently functional and warranted continuous interstitial glucose monitoring devices may not be approved when the replacement of continuous interstitial glucose monitoring devices approval criteria (A, B, and C) above have not been met**.**

Key references:

1. American Diabetes Association. Standards of Care in Diabetes-2020. Diabetes Care. 2020; 43(Suppl 1):S1-S212.
2. Bailey TS, Grunberger G, Bode BW, et al. American Association of Clinical Endocrinologists and American College of Endocrinology 2016 outpatient glucose monitoring consensus statement. Endocr Pract. 2016; 22(2):231261.
3. Grunberger G, Bailey T, Camacho PM, et al.; Glucose Monitoring Consensus Conference Writing Committee. Proceedings from the American Association of Clinical Endocrinologists and American College of Endocrinology consensus conference on glucose monitoring. Endocr Pract. 2015; 21(5):522-533.
4. Fonseca VA, Grunberger G, Anhalt H, et al.; Consensus Conference Writing Committee. Continuous glucose monitoring: a consensus conference of the American Association of Clinical Endocrinologists and American College of Endocrinology. Endocr Pract. 2016; 22(8):1008-1021
5. Handelsman Y, Bloomgarden ZT, Grunberger G, et al. American Association of Clinical Endocrinologists and American College of Endocrinology - clinical practice guidelines for developing a diabetes mellitus comprehensive care plan - 2015. Endocr Pract. 2015; 21(Suppl 1):1-87.
6. Klonoff DC, Buckingham B, Christiansen JS, et al. Continuous glucose monitoring: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2011; 96(10):2968-2979.
7. Langendam M, Luijf YM, Hooft L, et al. Continuous glucose monitoring systems for type 1 diabetes mellitus. Cochrane Database Syst Rev. 2012;(1):CD008101.
8. Moy FM, Ray A, Buckley BS. Techniques of monitoring blood glucose during pregnancy for women with preexisting diabetes. Cochrane Database Syst Rev. 2014;(4):CD009613.
9. Peters AL, Ahmann AJ, Battelino T, et al. Diabetes technology-continuous subcutaneous insulin infusion therapy and continuous glucose monitoring in adults: an Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2016; 101(11):3922-3937.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.