

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Freestyle Libre

### Notes:

- \* Applies to all commercially available Freestyle Libre products including Libre 14 Day, Libre 2, and Libre 3

**Initiation (new start) criteria:** Non-formulary **Freestyle Libre\*** will be covered for 12 months when the following criteria are met:

1. Confirmed diagnosis of Type 1 diabetes mellitus (anti-body positive or classic juvenile)

-OR-

2. Diagnosis of diabetes mellitus and meets one of the following (a. or b.):

- a. Patient is on multiple daily injection (MDI) regimen (basal insulin plus bolus insulin) or on insulin pump therapy and is engaged with DM management (Clinical pharmacist, Glycemic RN, Endocrinology, or Primary Care Physician) defined as at least 2 visits with provider within 6 months of request

-OR-

- b. Patient on chronic insulin treatment (any dose) and meets at least one of the following:
  - i. Unexplained hypoglycemia with at least 3 episodes of blood glucose less than 60 mg/dL (confirmed with a standard glucometer) in past month that persists despite multiple attempts to adjust medication(s) and/or modify the diabetes treatment plan
  - ii. Any severe hypoglycemia event (defined as needing assistance from someone else during hypoglycemia or hypoglycemia associated with seizures or loss of consciousness)
  - iii. Hypoglycemia unawareness (defined as no symptoms when fingerstick blood glucose less than 70 mg/dL)
  - iv. Severe dexterity impairment (inability to use standard blood glucose monitor such as severe tremor, hemiparesis, etc)
  - v. Severe vision impairment (inability to use Prodigy blood glucose monitor)
  - vi. Pregnancy
  - vii. Patient age 18 years or younger

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Kaiser Foundation Health Plan of the Northwest

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Freestyle Libre

**Criteria for members already taking the medication who have not been reviewed previously (e.g., new members):** Non-formulary **Freestyle Libre\*** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

1. Confirmed diagnosis of Type 1 diabetes mellitus (anti-body positive or classic juvenile)

-OR-

2. Diagnosis of diabetes mellitus and meets one of the following
  - a. Patient is on multiple daily injection regimen (basal insulin and bolus insulin) or on insulin pump therapy

-OR-

- b. Patient on chronic insulin treatment (any dose) and meets at least one of the following:
  - i. History of (or ongoing) unexplained hypoglycemia that persisted despite multiple attempts to adjust medication(s) and/or modify the diabetes treatment plan
  - ii. History of any severe hypoglycemia event (defined as needing assistance of someone else during hypoglycemia or hypoglycemia associated with seizures or loss of consciousness)
  - iii. Hypoglycemia unawareness (defined as no symptoms when fingerstick blood glucose less than 70 mg/dL)
  - iv. Severe dexterity impairment (inability to use standard blood glucose monitor such as severe tremor, hemiparesis, etc)
  - v. Severe vision impairment (inability to use Prodigy blood glucose monitor)
  - vi. Pregnancy
  - vii. Patient age 18 years or younger

**Continued use criteria:** Non-formulary **Freestyle Libre\*** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Every 6 months the member has either an office or telehealth visit with the treating provider to document adherence to their CGM regimen and diabetes treatment plan.