



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

**CONTINUOUS GLUCOSE MONITORS - STAND-ALONE**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
BLOOD-GLUCOSE METER, CONTINUOUS	DEXCOM, DEXCOM G4, DEXCOM G5, DEXCOM G6	36756		GPI-10 (9720201202)	Medi-Span: NDC # 76300-0100-02, 76300-0100-01
FLASH GLUCOSE SCANNING READER	FREESTYLE LIBRE READER	44578			
BLOOD-GLUCOSE TRANSMITTER	DEXCOM G4, DEXCOM G5, DEXCOM G6				FDB & Medi-Span: NDC = 08627-0013-01 NDC = 08627-0014-01 NDC = 08627-0016-01
BLOOD-GLUCOSE SENSOR	DEXCOM G6, DEXCOM G5-G4 SENSOR				FDB & Medi-Span: NDC = 08627-0051-04 NDC = 08627-0053-03
FLASH GLUCOSE SENSOR	FREESTYLE LIBRE SENSOR	44576			FDB & Medi-Span: NDC = 57599-0000-19 NDC = 57599-0001-01
BLOOD-GLUCOSE SENSOR	GUARDIAN SENSOR 3				FDB & Medi-Span: NDC = 43169-0704-05
BLOOD-GLUCOSE TRANSMITTER	GUARDIAN CONNECT TRANSMITTER				FDB & Medi-Span: NDC = 76300-0002-60

**GUIDELINES FOR USE**

1. Is the claim rejecting for the following POS message: ***“Coverage of this product should be provided through medical benefit, available manufacturer programs, or patient assistance programs”?***

If yes, guideline does not apply.  
If no, continue to #2.

2. Does the patient have a diagnosis of type 1 or type 2 diabetes and meet **ONE** of the following criteria?
  - The patient is performing at least 4 finger-stick glucose tests daily
  - The patient is treated with insulin and meets ONE of the following:
    - The patient is using a continuous subcutaneous insulin infusion pump
    - The patient utilizes 3 or more daily injections of insulin
  - The patient's insulin treatment plan requires frequent adjustment of insulin dosing

If yes, continue to #3.  
If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

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GUIDELINES FOR USE (CONTINUED)

3. Is the request for FreeStyle Libre System (i.e., reader, sensor) **AND** the patient meets the following criterion?

- The patient is 18 years of age or older

If yes, **approve for 12 months for all of the following:**

- **Freestyle Libre Reader: Approve the requested reader by NDC [FDB or Medi-Span]: #1 reader per 12 months.**
- **Freestyle Libre 14 Day Sensor (NDC 57599-0001-01): #2 sensors per 28 days.**
- **Freestyle Libre 10 Day Sensor (NDC 57599-0000-19): #3 sensors per 30 days.**

If no, continue to #4.

4. Is the request for Dexcom (i.e., meter, sensor, transmitter) **AND** the patient meets the following criterion?

- The patient is 2 years of age or older

If yes, **approve for 12 months for all of the following:**

- **Dexcom System meter: Approve the requested meter by NDC [FDB or Medi-Span]: #1 meter per 12 months.**
- **Dexcom Transmitters**
  - **G4 Transmitter (NDC 08627-0013-01): #1 transmitter per 180 days.**
  - **G5 Transmitter (NDC 08627-0014-01): #1 transmitter per 90 days.**
  - **G6 Transmitter (NDC 08627-0016-01): #1 transmitter per 90 days.**
- **Dexcom Sensors**
  - **G4-5 Sensor (NDC 08627-0051-04): #4 sensors (#1 kit) per 28 days.**
  - **G6 Sensor (NDC 08627-0053-03): #3 sensors (#1 kit) per 30 days.**

If no, continue to #5.

5. Is the request for Medtronic Guardian Connect (i.e., sensor, transmitter) **AND** the patient meets the following criterion?

- The patient is 14 to 75 years of age

If yes, **approve for 12 months by NDC [FDB or Medi-Span] for all of the following:**

- **Guardian Connect Transmitter (NDC 76300-0002-60): #1 transmitter per 12 months.**
- **Guardian Sensor 3 (NDC 43169-0704-05): #5 sensors every 35 days.**

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

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CONTINUOUS GLUCOSE MONITORS - STAND-ALONE

GUIDELINES FOR USE (CONTINUED)

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **CONTINUOUS GLUCOSE MONITORS - STAND-ALONE** requires the following rule(s) be met for approval:

- A. You have type 1 or type 2 diabetes (too much sugar in your blood)
- B. You meet ONE of the following:
  - 1. You are performing at least 4 finger-stick glucose (blood sugar) tests daily
  - 2. You are being treated with insulin and meet ONE of the following:
    - a. You are using a continuous subcutaneous (injection under the skin) insulin infusion pump
    - b. You use 3 or more daily injections of insulin
  - 3. Your insulin treatment plan requires frequent adjustment of insulin dosing
- C. **If you are requesting FreeStyle Libre System (reader, sensor), approval also requires:**
  - 1. You are 18 years of age or older
- D. **If you are requesting a Dexcom system (meter, sensor, transmitter), approval also requires:**
  - 1. You are 2 years of age or older
- E. **If you are requesting Medtronic Guardian Connect (sensor, transmitter), approval also requires:**
  - 1. You are between 14 to 75 years of age

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for the related continuous glucose monitor.

**REFERENCES**

- FreeStyle Libre Flash Glucose Monitoring System. Abbott Laboratories. Indications and Safety Information. Available at: <https://www.freestylelibre.us/safety-information>
- Dexcom Continuous Glucose Monitoring Products. Dexcom, Inc. Available at: <https://www.dexcom.com/>
- Medtronic Guardian Connect. Medtronic MiniMed, Inc. Available at: <https://www.medtronicdiabetes.com/products/guardian-connect-continuous-glucose-monitoring-system>

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**CONTINUOUS GLUCOSE MONITORS - STAND-ALONE**

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/20

Created: 02/18

Client Approval: 02/20

P&T Approval: 01/20