AdvancedHealth
Bridging the Future of Healthcare

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Continuous Glucose Monitor (CGM) Drug Use Criteria

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Initial Request:

1. Does the member have a diagnosis of Type 1 diabetes, insulin-dependent Type 2 diabetes, or gestational diabetes treated with insulin?
    a. If yes, go to 2
    b. If no, deny as not meeting criteria. CGM is only covered for insulin-dependent diabetes.

2. Has the member been on a physician-ordered diabetic treatment plan and demonstrated compliance for at least 3 months?
    a. If yes, go to 3
    b. If no, deny as not meeting criteria. Member must demonstrate treatment compliance before CGM approval.

3. Is the member on intensive insulin therapy (≥3 injections/day OR using an insulin pump)
    a. If yes, go to 4
    b. If no, deny as not meeting criteria. CGM approval requires intensive insulin use, with 3 or more injections per day.

4. Is the member actively performing ≥4 fingerstick glucose checks per day with good compliance for at least 6 months?
    a. If yes, go to 5
    b. If no, deny as not meeting criteria. Frequent self-monitoring must be documented for at least 6 months prior to CGM approval.

5. Has documentation been provided supporting CGM-specific diabetes education for the member?
    a. If yes, go to 6.
    b. If no, deny as not meeting criteria. CGM approval requires proper training for safe and effective use.

6. Does the member meet at least one of the following criteria:
    - HbA1c ≥ 8.0%
    - Frequent or severe hypoglycemia
    - Hypoglycemia unawareness

    a. If yes, approve CGM and supplies for up to 6 months. Please provide updated chart notes with next request.
    b. If no, deny as not meeting criteria. No evidence of poor glycemic control or high-risk indicators.

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Renewals:

1. Has documentation been provided from data tracking software of device supporting member's use of CGM device for at least 50% of the time during the previous 90 days AND prescriber attestation supporting member's use of CGM for at least 50% of the time during the previous renewal period?
    a. If yes, go to 2
    b. If no, deny as not meeting criteria

2. Is there evidence that member has ongoing clinical benefit documented (e.g., improved A1c, reduced hypo/hyperglycemia)?
    a. If yes, go to 3
    b. If no, deny as not meeting criteria

3. Does provider follow-up confirm ongoing use and benefit?
    a. If yes, approve for up to 12 months
    b. If no, deny as not meeting criteria

References:

1. Maryland Physicians Care. Prior Authorization Policy: Continuous Glucose Monitors (PA-034). December 2020. Available at: https://www.marylandphysicianscare.com/wp-content/uploads/2020/12/PA-034-Continuous-Glucose-Monitors-Policy.pdf. Accessed April 2025.
2. Oregon Health Authority. Continuous Glucose Monitoring (CGM) Devices – Prior Authorization Criteria. January 2024. Available at: https://www.oregon.gov/oha/HSD/OHP/Announcements/CGM-Devices1223.pdf. Accessed April 2025.
3. American Diabetes Association. Standards of Medical Care in Diabetes—2024. Diabetes Care. 2024;47(Suppl 1):S1–S210.
4. Battelino T, Danne T, Bergenstal RM, et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations from the International Consensus on Time in Range. Diabetes Care. 2019;42(8):1593–1603.