Clinical Policy: Continuous Glucose Monitoring Products

Reference Number: PHW.PDL.752
Effective Date: 01/08/2024
Last Review Date: 11/2025

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Continuous Glucose Monitoring Products are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Continuous Glucose Monitoring Products

A. Prescriptions That Require Prior Authorization

All prescriptions for Continuous Glucose Monitoring Products must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Continuous Glucose Monitoring Product, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. Has **one** of the following:
   a. Use of an antidiabetic drug within the last 90 days
   b. A diagnosis of diabetes

2. For a non-preferred Continuous Glucose Monitoring Product, **one** of the following:
   a. Has a history of therapeutic failure of the preferred Continuous Glucose Monitoring Products
   b. Requires a non-preferred Continuous Glucose Monitoring Product for compatibility with their insulin delivery device

AND

3. If a prescription for a Continuous Glucose Monitoring Product is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Continuous Glucose Monitoring Product. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member

D. Approval Duration:
12 months

E. References

1. Clinical Resource, Continuous Glucose Monitoring. Pharmacist's Letter/Pharmacy Technician's Letter/Prescriber's Letter. May 2023. [390502]
2. ElSayed NA, Aleppo G, Aroda VR, et al. 7. Diabetes Technology: Standards of Care in Diabetes-2023. Diabetes Care. 2023 Jan 1;46(Suppl 1):S111-S127
3. Allen NA, Fain JA, Braun B, et al. Continuous glucose monitoring in non-insulin-using individuals with type 2 diabetes: acceptability, feasibility, and teaching opportunities. Diabetes Technol Ther. 2009 Mar;11(3):151-8. doi: 10.1089/dia.2008.0053.
4. Dowd R, Jepson LH, Green CR, et al. Glycemic Outcomes and Feature Set Engagement Among Real-Time Continuous Glucose Monitoring Users With Type 1 or Non-Insulin-Treated Type 2 Diabetes: Retrospective Analysis of Real-World Data. JMIR Diabetes. 2023 Jan 18;8:e43991. doi: 10.2196/43991.

Reviews, Revisions, and Approvals	Date
Policy created	11/2023
Q1 2025 annual review: no changes.	11/2024
Q1 2026: policy revised according to DHS revisions effective 01/05/2026.	11/2025