

# Continuous Glucose Monitor Prior Authorization with Quantity Limit Program Summary

## POLICY REVIEW CYCLE

**Effective Date**  
03-30-2026

**Date of Origin**

## FDA LABELED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Dexcom G6®	For adults and children (2+ years) living with type 1 or type 2 diabetes who are on any insulin or medications, at risk of hypoglycemia, and those with gestational diabetes.		5
Dexcom G7®	For adults and children (2+ years) living with type 1 or type 2 diabetes who are on any insulin or medications, at risk of hypoglycemia, and those with gestational diabetes.		5
Dexcom G7® 15-Day	For ages 18+ with all types of diabetes (T1, T2, and gestational diabetes)		5
Freestyle Libre®	For the management of diabetes in persons aged 18 and older		4
Freestyle Libre 2 Plus®	For the management of diabetes in persons age 2 and older		4
Freestyle Libre 3 Plus®	For the management of diabetes in persons age 2 and older		4
Freestyle Libre 2®	For the management of diabetes in persons age 4 and older		4
Freestyle Libre 3®	For the management of diabetes in persons age 4 and older		4

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## CLINICAL RATIONALE

Continuous Glucose Monitoring (CGM)	<p>Glucose measurements are critical to effective diabetes management. While measurement of glycated hemoglobin (HbA1c) has been the traditional method for assessing glycemic control, it does not reflect intra- and interday glycemic excursions that may lead to acute events (such as hypoglycemia) or postprandial hyperglycemia. These events have been linked to both microvascular and macrovascular complications. While self-monitoring of blood glucose (SMBG) has been shown to improve glycemic control and quality of life in patients, it cannot predict impending hypoglycemia or alert for hypoglycemia. Real-time continuous glucose monitoring (rtCGM) and intermittently viewed CGM (iCGM) address many of the limitations inherent in HcA1c testing and SMBG. rtCGM uniformly tracks the glucose concentrations in the body's interstitial fluid, providing near real-time glucose data; iCGM uses similar methodology to show continuous glucose measurements retrospectively at the time of checking. Both rtCGM and iCGM facilitate monitoring of time spent in the target glucose range ("time in range"). However, only rtCGM can warn users if glucose is trending toward hypoglycemia or hyperglycemia. With iCGM, these trends can only be viewed after physically scanning the sensor.(1)</p> <p>CGM affords 2 major benefits over the current standard of SMBG coupled with A1c testing. First, a vast increase in the quantity of blood glucose information, which</p>
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provides a more comprehensive view of glycemic control. Rather than snapshots in time, continuous information allows us to capture important metrics like time in range, time in hypoglycemia, glucose variability, and many other emerging “glycometrics.” These additional metrics cannot be captured with SMBG, even in the most diligent patients. A CGM recording blood glucose every 5 minutes will record 105,120 BG readings per year compared with between just 1000 to 2000 for a person doing frequent SMBG. Second, is the ability of CGM systems to provide real-time biofeedback. With real-time data now seamlessly available on a user’s mobile device and the internet, easily visible trends and trajectories can help a person understand their own glycemic response in a more meaningful way. Patients can observe which foods and exercises affect them the most. Iterative exposure to this immediate biofeedback allows patients to learn about their own bodies and physiologic responses.(2)

The American Diabetes Association (ADA) guidelines recommend that rtCGM should be offered for diabetes management in adults with diabetes on basal insulin who are capable of using devices safely. The use of CGM and blood glucose monitoring (BGM) devices should be considered from the outset of the diagnosis of diabetes that requires insulin management. The choice of CGM device should be made based on the individual’s circumstances, preferences, and needs. CGM use allows for close tracking of glucose levels with adjustments of insulin dosing and lifestyle modifications and removes the burden of frequent BGM. In addition, early CGM initiation after diagnosis of type 1 diabetes in youth has been shown to decrease A1C levels and is associated with high parental satisfaction and reliance on this technology for diabetes management. According to the ADA, the evidence is insufficient regarding when to prescribe BGM and how often monitoring is needed for insulin-treated people with diabetes who do not use intensive insulin therapy, such as those with type 2 diabetes taking basal insulin with or without oral agents and/or noninsulin injectables. However, for those taking basal insulin, assessing fasting glucose with BGM to inform dose adjustments to achieve blood glucose goals results in lower A1C levels.(3)

**REFERENCES**

Number	Reference
1	Danne T, Nimri R, Battelino T, et al. International Consensus on Use of Continuous Glucose Monitoring. Diabetes Care. 2017;40(12):1631-1640. doi:10.2337/dc17-1600
2	A New Era: Increasing Continuous Glucose Monitoring Use in Type 2 Diabetes. AJMC. <a href="https://www.ajmc.com/view/a-new-era-increasing-continuous-glucose-monitoring-use-in-type-2-diabetes-">https://www.ajmc.com/view/a-new-era-increasing-continuous-glucose-monitoring-use-in-type-2-diabetes-</a>
3	ElSayed NA, McCoy RG, Aleppo G, et al. 7. Diabetes Technology: Standards of Care in Diabetes—2025. Diabetes Care. 2024;48(Supplement_1):S146-S166. doi:https://doi.org/10.2337/dc25-s007
4	Continuous Glucose Monitoring System. www.freestyle.abbott. <a href="https://www.freestyle.abbott/us-en/safety-information.html">https://www.freestyle.abbott/us-en/safety-information.html</a>
5	Dexcom. Dexcom G7 CGM - Powerfully simple diabetes management. Dexcom. Published 2024. <a href="https://www.dexcom.com/g7-cgm-system">https://www.dexcom.com/g7-cgm-system</a>

**POLICY AGENT SUMMARY PRIOR AUTHORIZATION**

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Dexcom g6 receiver ; Dexcom g6 sensor ; Dexcom g6 transmitter ; Dexcom g7 15 day sensor ; Dexcom g7 receiver ; Dexcom g7 sensor ; Freestyle libre 14 day/re ; Freestyle libre 14 day/se ; Freestyle libre 2 plus/se ; Freestyle libre 2/reader/ ;	*continuous blood glucose system sensor*** ; *continuous glucose monitor supplies kit*** ; *continuous glucose monitor supplies*** ; *continuous glucose system receiver*** ; *continuous glucose system sensor*** ;		M ; N ; O ; Y	N		

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Freestyle libre 2/sensor/ ; Freestyle libre 3 plus/se ; Freestyle libre 3/reader/ ; Freestyle libre 3/sensor/ ; Freestyle libre/reader/fl	*continuous glucose system transmitter***					

**POLICY AGENT SUMMARY QUANTITY LIMIT**

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Dexcom g6 receiver ; Dexcom g7 receiver ; Freestyle libre 14 day/re ; Freestyle libre 2/reader/ ; Freestyle libre 3/reader/ ; Freestyle libre/reader/fl	*Continuous Blood Glucose System Receiver***		1	Receiver	365	DAYS			
Dexcom g6 sensor ; Dexcom g7 sensor	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		3	Sensors	30	DAYS			086270 05303 ; 086270 07701;
Dexcom g6 transmitter	*Continuous Blood Glucose System Transmitter***		1	Transmitter	90	DAYS			
Dexcom g7 15 day sensor ; Freestyle libre 2 plus/se ; Freestyle libre 3 plus/se	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		2	Sensors	30	DAYS			086270 07901;5 759908 3500 ; 575990 84400;
Freestyle libre 14 day/se ; Freestyle libre 2/sensor/ ; Freestyle libre 3/sensor/	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		2	Sensors	28	DAYS			575990 00101 ; 575990 80000 ; 575990 81800;

**CLIENT SUMMARY – PRIOR AUTHORIZATION**

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Dexcom g6 receiver ; Dexcom g6 sensor ; Dexcom g6 transmitter ; Dexcom g7 15 day sensor ; Dexcom g7 receiver ; Dexcom g7 sensor ; Freestyle libre 14 day/re ; Freestyle libre 14 day/se ; Freestyle libre 2 plus/se ; Freestyle libre 2/reader/ ; Freestyle libre 2/sensor/ ; Freestyle libre 3 plus/se ; Freestyle libre 3/reader/ ; Freestyle libre 3/sensor/ ; Freestyle libre/reader/fl	*continuous blood glucose system sensor*** ; *continuous glucose monitor supplies kit*** ; *continuous glucose monitor supplies*** ; *continuous glucose system receiver*** ; *continuous glucose system sensor*** ; *continuous glucose system transmitter***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Dexcom g6 receiver ; Dexcom g7 receiver ; Freestyle libre 14 day/re ; Freestyle libre 2/reader/ ; Freestyle libre 3/reader/ ; Freestyle libre/reader/fl	*Continuous Blood Glucose System Receiver***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Dexcom g6 sensor ; Dexcom g7 sensor	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Dexcom g6 transmitter	*Continuous Blood Glucose System Transmitter***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Dexcom g7 15 day sensor ; Freestyle libre 2 plus/se ; Freestyle libre 3 plus/se	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Freestyle libre 14 day/se ; Freestyle libre 2/sensor/ ; Freestyle libre 3/sensor/	*continuous blood glucose system sensor*** ; *continuous glucose system sensor***		Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

**PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL**

Module	Clinical Criteria for Approval
	<p style="text-align: center;"><b>TARGET AGENT(S)</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>Dexcom G6  Dexcom G7  Freestyle Libre  Freestyle Libre 2  Freestyle Libre 2 Plus  Freestyle Libre 3  Freestyle Libre 3 Plus</p> </div> <p><b>Target Agent(s)</b> will be approved when ONE of the following is met:</p> <p>A. The requested agent is eligible for continuation of therapy AND the following:</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Agents Eligible for Continuation of Therapy</b></p> </div>

Module	Clinical Criteria for Approval
	<p style="text-align: center; border: 1px solid black; padding: 2px;">All target agents are eligible for continuation of therapy</p> <ol style="list-style-type: none"> <li>1. The prescriber states the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days AND is at risk if therapy is changed <b>OR</b></li> <li>B. ALL of the following: <ol style="list-style-type: none"> <li>1. The patient has diabetes mellitus <b>AND</b></li> <li>2. ONE of the following: <ol style="list-style-type: none"> <li>A. The patient has a medication history of use in the past 90 days to ONE diabetic agent [i.e., agents containing metformin, agents containing insulin, agents containing DPP-4 inhibitors, agents containing SGLT2 inhibitors, sulfonylureas, dopamine receptor agonists-ergot derivatives (e.g., bromocriptine), d-phenylalanine derivatives, meglitinide analogues, alpha-glucosidase inhibitors, thiazolidinediones, sulfonylurea-thiazolidinedione combinations] [chart notes required] <b>OR</b></li> <li>B. The patient has a disability that requires use of a continuous blood glucose monitor <b>OR</b></li> <li>C. The patient has recurring episodes of hypoglycemia <b>AND</b></li> </ol> </li> <li>3. ONE of the following: <ol style="list-style-type: none"> <li>A. The patient's age is within the manufacturer recommendations for the requested indication for the requested product <b>OR</b></li> <li>B. There is information in support of using the requested product for the patient's age</li> </ol> </li> </ol> </li> </ol> <p><b>Length of Approval:</b></p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p><b>The requested agent will also be approved when ONE of the following is met:</b></p> <ol style="list-style-type: none"> <li>1. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following: <ol style="list-style-type: none"> <li>A. The patient does NOT have any FDA labeled contraindications to the requested agent <b>AND</b></li> <li>B. The requested indication is a rare disease <b>AND</b></li> <li>C. ONE of the following: <ol style="list-style-type: none"> <li>1. The patient has another FDA labeled indication for the requested agent and route of administration <b>OR</b></li> <li>2. The patient has another indication that is supported in compendia for the requested agent and route of administration <b>OR</b></li> </ol> </li> </ol> </li> <li>2. ALL of the following: <ol style="list-style-type: none"> <li>A. The member resides in Ohio <b>AND</b></li> <li>B. The plan is Fully Insured or HIM Shop (SG) <b>AND</b></li> <li>C. The patient does NOT have any FDA labeled contraindications to the requested agent <b>AND</b></li> <li>D. ONE of the following: <ol style="list-style-type: none"> <li>1. The patient has another FDA labeled indication for the requested agent and route of administration <b>OR</b></li> <li>2. The patient has another indication that is supported in compendia for the requested agent and route of administration <b>OR</b></li> <li>3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted</li> </ol> </li> </ol> </li> </ol>

Module	Clinical Criteria for Approval
	<p>study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required]</p> <p><b>Non-oncology compendia allowed:</b> DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p><b>Oncology compendia allowed:</b> NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p><b>Length of Approval:</b></p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p>

### QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p><b>Quantity limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>A. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for why the requested quantity cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>C. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity exceeds the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication</li> </ol> </li> </ol> </li> </ol> <p><b>Length of Approval:</b> 12 months</p>