

# Continuous Glucose Monitoring (CGM) Criteria

Revised: 06/26/2024

## CONTINUOUS GLUCOSE MONITORING (CGM) CRITERIA

Website:

### COVERAGE OF CGM IS LIMITED TO BENEFICIARIES WITH THE FOLLOWING (INITIAL REVIEW 6 MONTHS)

- Type 1 (insulin dependent); **OR**
- Insulin-dependent pregnant women, any type of diabetes
- The following criteria must also be met:
  - Copy of documented self-monitoring blood glucose log at least four times per day; **AND**
  - Requires insulin injections 3 or more times per day or requires insulin pump for maintenance of blood sugar control; **AND**
  - Prescribed by board-certified endocrinologist.
- At least one of the following criteria must be met, in addition to **all** the above criteria:
  - Unexplained hypoglycemic episodes; **OR**
  - Nocturnal hypoglycemic episodes; **OR**
  - Hypoglycemic unawareness or frequent hypoglycemic episodes leading to impairment of activities of daily living (ADLs); **OR**
  - HgbA1C 9% or greater with demonstrated compliance with insulin regimen and blood glucose monitoring at least four times per day.
  - Providers must submit chart notes as supporting documentation.
  - Reader or receiver component may be approved for those  $\leq 12$  years of age and for those  $> 12$  years of age, provide clinical rationale as to why the use of the app via a smart phone could not be used.

### CONTINUATION OF THERAPY – 1 YEAR (UNLESS OTHERWISE INDICATED)

- The patient met initial review requirements; **AND**
- Clinical response to therapy has been submitted (supporting documentation is required); **AND**
- Patient has not experienced any treatment-restricting adverse effects.
- The list of preferred diabetic supplies can be found at [https://southcarolina.fhsc.com/Downloads/provider/DME\\_diabetic\\_supplies.pdf](https://southcarolina.fhsc.com/Downloads/provider/DME_diabetic_supplies.pdf).

## REVISION HISTORY

Date	Issues/Updates
06/26/2024	• Initial draft creation

**Orange Text = Important Information** | **Teal Text = Auto PA**

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