Prior Authorization Review Panel

MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: Aetna Better Health	Submission Date: 3/1/2020
Policy Number:	Effective Date: 4/1/2020 Revision Date: 2/2020
Policy Name: Continuous Glucose Monitoring (Non-PDL)	
Type of Submission – Check all that apply: X New Policy ☐ Revised Policy* ☐ Annual Review – No Revisions ☐ Statewide PDL	
*All revisions to the policy must be highlighted using track changes throughout the document. Please provide any clarifying information for the policy below: Adopting DHS criteria. Thank you.	
Name of Authorized Individual (Please type or print): Natalie Nkurunziza, Pharm.D.	Signature of Authorized Individual: [signature]

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Prior Authorization guideline for Continuous Glucose Monitoring (Non-PDL)

FreeStyle Libre
Dexcom G5
Dexcom G6

Authorization guidelines

Criteria to receive a Continuous Glucose Monitoring system requires all the following:

A. Prescribed by, or in consultation with an endocrinologist
B. Diagnosis of Type 1 or Type 2 Diabetes
C. Member age is appropriate for prescribed Continuous Glucose Monitor
D. Member is using an insulin pump or on multiple daily insulin injections (3 or more daily injections)
E. Member is compliant with self-monitoring and requires one of the following:
    1. Adult members monitoring blood glucose 4 or more times per day with frequent self-adjustments of insulin dosage or history of hypoglycemic unawareness
    2. Children, adolescent or pregnant members with Type 1 Diabetes
    3. Adult members with Type 1 Diabetes who are either below their A_1C target or have hypoglycemia unawareness and/or frequent hypoglycemic episodes
F. Attestation the member has completed a comprehensive diabetes education program

Criteria to receive another Continuous Glucose Monitoring system requires all the following:

A. Current monitor not functionally operating
B. Current monitor is out of warranty

Approval Duration

Initial Approval: 6 (six) months

- One Monitor/Reader/Display Device
- Sensors/Transmitters allotted for 6 months (or approximately up to 6 months):
    - Freestyle Libre 10 day: 18 sensors per 180 days
    - Freestyle Libre 14 day: 12 sensors per 168 days
    - Dexcom G5: 24 sensors per 168 days
    - Dexcom G6: 18 sensors per 180 days

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- Transmitters:
    - Dexcom G5, G6: 2 transmitters per 180 days

Renewal: 6 months (Requires documentation of continued medical necessity)

- Sensors/Transmitters allotted for 6 months (or approximately up to 6 months):
    - Freestyle Libre 10 day: 18 sensors per 180 days
    - Freestyle Libre 14 day: 12 sensors per 168 days
    - Dexcom G5: 24 sensors per 168 days
    - Dexcom G6: 18 sensors per 180 days
- Transmitters:
- Dexcom G5, G6: 2 transmitters per 180 days

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.

The determination is based on medical information provided by the Member, the Member's family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

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