

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1206-7
Program	Prior Authorization/Notification
Medication	Continuous Glucose Monitors, sensors and transmitters (all brands)
P&T Approval Date	12/2016, 11/2017, 11/2018, 11/2019, 3/2020, 6/2021
Effective Date	9/1/2021; Oxford only: 9/1/2021

1. Background:

Continuous Glucose Monitors may be used by patients with diabetes who require glucose monitoring beyond what can be achieved with a standard blood glucose monitor. This guideline is consistent with coverage criteria outlined in the medical benefit drug policy.

2. Coverage Criteria:

A. Initial Authorization

1. Continuous Glucose Monitors, sensors, and transmitters will be approved for initial therapy based on all of the following criteria:

a. Diagnosis of diabetes

-AND-

b. Patient is motivated and knowledgeable about use of continuous glucose monitoring, is adherent to diabetic treatment plan, and participates in ongoing education and support

-AND-

c. Patient is on an intensive insulin regimen (3 or more insulin injections per day or uses continuous subcutaneous insulin infusion pump)

-AND-

d. Patient has inadequate glycemic control despite intensive diabetes management

-AND-

e. Patient regularly monitors blood glucose 4 or more times per day

Authorization will be issued for 12 months.

B. Reauthorization

1. Continuous Glucose Monitors, sensors, and transmitters will be approved for continuation of therapy based on the following criterion:

- a. Documentation of positive clinical response

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.
- Coverage is not provided for indications unproven per medical benefit drug policy.

4. References:

1. American Diabetes Association. Standards of medical care in diabetes - 2021. Available at: https://care.diabetesjournals.org/content/44/Supplement_1 Accessed May 5, 2021.
2. Handelsman Y, Bloomgarden ZT, Grunberger G, et al.; American Association of Clinical Endocrinologists and American College of Endocrinology. Clinical practice guidelines for developing a diabetes mellitus comprehensive care plan - 2015. Endocr Pract. 2015 Apr;21 Suppl 1:1-87.

Program	Prior Authorization/Notification – Continuous Glucose Monitors
Change Control	
12/2016	New program.
11/2017	Annual review. Revised reauthorization criteria.
11/2018	Annual review. Revised authorization timeline, added criteria for insulin use.
5/2/2019	Administrative change. Change Oxford effective date to 6/1/2019.
11/2019	Modified criteria to allow coverage for any type of diabetes.
3/2020	Added requirement that patient is knowledgeable about continuous glucose monitors, participates in education and support, and monitors blood glucose 3 or more times per day.
6/2021	Modified criteria to monitor blood glucose 4 or more times per day and added criteria that patient has inadequate glycemic

	control despite an intensive diabetes management.
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