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DEPARTMENT: Population Health	Policy Number PAR_709	Date Issued: 7/10/2024	Date Reviewed:	Date Revised:	Author: Director of Pharmaceutical Benefits
TITLE: Continuous Glucose Monitor	Page 1 of 1	Approving Committee: Pharmacy and Therapeutics Committee			

APPLIES TO Medicare and Commercial 1.1.2025

POLICY:

Prior authorization is required for prescription drug coverage of Dexcom and Freestyle Libre continuous glucose monitors.

PROCEDURE:

Authorization requires that the following criteria be met:

Covered Uses:

Medicare: An FDA approved indication not otherwise excluded from Part D.

Commercial: Management of diabetes

Exclusion Criteria: None

Required Medical Information: Diagnosis

Age Restrictions: None

Prescriber Restrictions: None

Other Criteria:

Coverage is provided for members who meet BOTH of the following criteria (1 and 2):

1. Have a diagnosis of type 1 or type 2 diabetes mellitus
2. Use an insulin product for treatment of diabetes mellitus

Coverage Duration: Lifetime