Special Bulletin

For all prescribers

December 17, 2024

Continuous Glucose Monitors: Prior Authorization to Be Required in 2025

For Commercial and Affordable Care Act (ACA) Plans Only

Highmark is implementing prior authorization for continuous glucose monitors (CGMs) for Commercial and Affordable Care Act (ACA) members. This change will take effect on **Jan. 1, 2025**, for <u>members initiating therapy</u>. For members currently using a CGM, the effective date of the change is dependent on their individual plan and the state where their Highmark plan is issued. See the chart below.

Devices* impacted by the changes:

- Dexcom
- Eversense
- Freestyle Libre
- Guardian

When do these changes apply?

Plans Issued in	Members New to Therapy	Members Currently Using a Continuous Glucose Monitor
Delaware, Pennsylvania, West Virginia, New York (self-funded)	01/01/2025	01/01/2025 Impacted members to receive 60- day advance notice.
New York (regulated*)	01/01/2025	Following 2025 group renewal Impacted members to receive 90- day advance notice.

^{*}Regulated members include Commercial fully-insured, ACA, and Article 47 Commercial self-funded groups

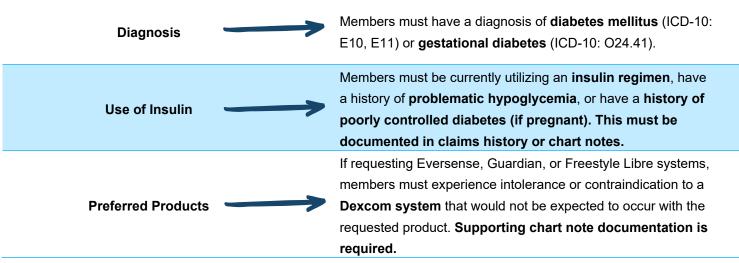


Both members and their prescribers already have or will receive advance notice of the changes and effective date via letter.

^{*}Includes all applicable components such as transmitters, sensors, and receivers.

What is changing?

All new and existing users will need to meet criteria outlined in the pharmacy policy for coverage of a CGM to be granted, including*:



*For the full list of criteria, please consult the policy referenced at the end of this notification.



Members who meet the following criteria will receive automatic authorization of a Dexcom product at the pharmacy point of sale (prior authorization **NOT** required). Automatic authorization criteria do <u>not</u> apply to any of the **non-preferred** CGM products.

• There are at least **two claims** for **an insulin product** in the member's prescription drug claims history within the previous 180 days.

For More Information

You can search our drug formularies and view utilization management policies on the <u>Provider Resource Center</u>, which is also accessible via <u>Availity</u>[®]. Select **Policies & Programs > Pharmacy Policy Search > Search Pharmacy Policy**. Policy criteria that will be effective on **Jan. 1**, **2025**, is included below for your convenience.

Policy Name*	Policy Effective Date	Approval Criteria
Change Manitoring	1/1/2025	When a benefit, coverage of a CGM system may be approved when all of the following criteria are met (A. and B.):
Glucose Monitoring (CGM) Systems – Commercial and Healthcare Reform		 A. The member meets one of the following criteria (1. or 2.): 1. The member meets all of the following (a. and b.): a. The member has a diagnosis of one of the following (i. or ii.): i. Diabetes mellitus. (ICD-10: E10, E11) ii. Gestational diabetes. (ICD-10: O24.41) b. The member meets one of the following (i. or ii.), as documented in claims and/or chart notes:

Policy Name*	Policy Effective Date	Approval Criteria
		 i. The member is currently using an insulin regimen (for example, basal, basal-bolus, continuous subcutaneous insulin pump). ii. The member has experienced problematic hypoglycemia (specifically, frequent/severe hypoglycemia [blood glucose < 50 mg/dL], nocturnal hypoglycemia, hypoglycemic unawareness). 2. The member meets all of the following (a., b., and c.): a. The member is pregnant. b. The member has a diagnosis of diabetes mellitus. (ICD-10: E10, E11, O24.41) c. The member has a history of poorly controlled diabetes (for example, unexplained hypoglycemic episodes, hypoglycemic unawareness, suspected postprandial hyperglycemia, recurrent diabetic ketoacidosis), as documented by chart notes. B. If the request is for an Eversense, Guardian, or Freestyle Libre CGM system, the member has experienced intolerance or contraindication to the Dexcom CGM system that would not be expected to occur with the requested product, as documented by chart notes. II. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations. Members who meet the criterion as outlined below (A.) will receive automatic authorization for Dexcom products at the pharmacy point of service without documentation of additional information. Claims will automatically adjudicate online, with no prior authorization required. A. There are at least two claims for insulin in the member's prescription drug claims history within the previous 180 days.

*For Commercial and Healthcare Reform policies, an exception to some or all the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

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