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 members initiating therapy. 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

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

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.

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*:

Diagnosis	Members must have a diagnosis of **diabetes mellitus** (ICD-10: E10, E11) or **gestational diabetes** (ICD-10: O24.41).
Use of Insulin	Members must be currently utilizing an **insulin regimen**, have a history of **problematic hypoglycemia**, or have a **history of poorly controlled diabetes (if pregnant). This must be documented in claims history or chart notes.**
Preferred Products	If requesting Eversense, Guardian, or Freestyle Libre systems, members must experience intolerance or contraindication to a **Dexcom system** that would not be expected to occur with the requested product. **Supporting chart note documentation is required.**

**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 **not** 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 Provider Resource Center, which is also accessible via Availity®. Select **Policies & Programs** > **Pharmacy 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
Continuous Glucose Monitoring (CGM) Systems – Commercial and Healthcare Reform	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.)**: **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.*