



HFS

Illinois Department of
Healthcare and Family Services

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Continuous Glucose Monitors (CGM) Prior Authorization Criteria

Class	<p>Continuous Glucose Monitors (CGM)</p> <p>Preferred with PA: Dexcom G6 (sensor, transmitter, receiver) Dexcom G7 (sensor, receiver) Freestyle Libre 14-Day (sensor) Freestyle Libre 2 (reader, sensor) Freestyle Libre 3 (reader, sensor) Medtronic Guardian (reader, sensor, transmitter) Eversense (reader, sensor, transmitter)</p>
Initial Approval Criteria	<p>May be approved for patients when all of the following criteria are met:</p> <ol style="list-style-type: none"> 1) The patient has a diagnosis of Type 1 Diabetes 2) Or the patient has a diagnosis of Type 2 Diabetes AND requires insulin 3) Or the patient has a diagnosis of Gestational Diabetes, including up to 12 months of post-partum care 4) The prescriber attests that the patient will be trained on the use of the requested CGM system <p><i>For patients not meeting the above criteria, requests will be reviewed for medical necessity on a case-by-case basis.</i></p>
Initial Approval Length	<p>Sensors and Transmitters: 12 months</p> <p>Receiver: 12 months</p> <p>Gestational Diabetes: for the remaining duration of the current pregnancy and up to 12 months post-partum</p>
Renewal Criteria	Will be re-authorized for an additional 12 months
Renewal Length	12 months
References	<ol style="list-style-type: none"> 1. FreeStyle Libre Important Safety Information. Accessed July 11, 2024. https://www.freestyleprovider.abbott/us-en/safety-information.html 2. Dexcom. Dexcom Continuous Glucose Monitoring. Accessed July 11, 2024. https://www.dexcom.com/ 3. American Diabetes Association Professional Practice Committee; 7. Diabetes Technology: Standards of Care in Diabetes—2024. Diabetes Care 1 January 2024; 47 (Supplement_1): S126–S144. https://doi.org/10.2337/dc24-S007
Effective Date	12-1-2024