

**Illinois Department of Healthcare and Family Services (HFS)  
University of Illinois at Chicago – College of Pharmacy**

Prior Authorization  
Continuous Glucose Monitor (CGM)

**Rationale**

Continuous glucose monitoring (CGM) is a method of following glucose levels in real time in patients with diabetes. CGM can identify severe hypoglycemia, alert to low glucose levels (with or without symptoms), and alert to severe hypoglycemia with cognitive impairment.<sup>1</sup> Real-time readings allow the patient or caregiver to monitor alerts indicating glucose issues and take immediate corrective action.

Guidelines for the use of CGM by professional bodies vary and are more consistent for Type 1 Diabetes than for Type 2 Diabetes.<sup>1-3</sup> The broadest and most recent guidelines are those from an international panel of physicians, researchers, and experts in CGM technology, who recommend CGM alongside HbA1c monitoring to assess glycemic status and inform adjustments to therapy in

- Patients with Type 1 Diabetes (or caregiver) who demonstrate competency with the CGM systems and are able to use CGM as prescribed
- Patients with Type 2 Diabetes receiving intensive insulin therapy but not reaching targets, especially if hypoglycemia is problematic.

**Approval Criteria**

Only long-term therapeutic use > 30 days is covered.

**Type 1 Diabetes**

Patient is <21 years of age and:

- Has been trained on the use of the requested CGM system, and
- Requires an intensive insulin regimen (2 or more insulin injections per day), or utilizes an insulin pump.

Patient is 21 years of age or older and:

- Has been trained on the use of the requested CGM system, and
- Requires an intensive insulin regimen (2 or more insulin injections per day), or utilizes an insulin pump, and
- Has documented failure to achieve glycemic goals.

## Type 2 Diabetes

Patients (all ages) with Type 2 Diabetes receiving intensive insulin therapy and frequently testing blood glucose levels, with any of the following:

- Hypoglycemic unawareness.
- Recurrent documented hypoglycemia.
- Recurrent nocturnal hypoglycemia.
- Recurrent ketoacidosis.
- Suboptimal glycemic control including wide glycemic swings.

## Gestational Diabetes

- Suboptimal glycemic control.

## Cystic Fibrosis-Related Diabetes

- Suboptimal glycemic control including wide glycemic swings contributing to exacerbations.

For patient populations that do not meet the above criteria, or in which CGM has not been well-studied, requests will be reviewed for medical necessity on a case-by-case basis.

## Prescriber Requirements:

Ordering provider is an endocrinologist or nurse practitioner/physician assistant working with an endocrinologist. Other prescribers, e.g., PCPs, must consult with an endocrinologist or nurse practitioner/physician assistant working with an endocrinologist. If such consult is not feasible, the provider may submit the request and note that specialist consult is not available. The request will be reviewed by UIC physician consultants. If UIC physician consultant assesses need for endocrinology consult, a consult will be provided to the primary provider through UIC specialists.

## Reapproval Criteria:

Patient must have demonstrated compliance with the CGM in order to have continued authorization.

## References

1. American Diabetes Association. Standards of medical care in diabetes—2018. *Diabetes Care*. 2018;41(Suppl. 1):S1–153.
2. Danne T, Nimri R, Battelino T, et al. International consensus on use of continuous glucose monitoring. *Diabetes Care*. 2017;40:1631–40.
3. Bailey TS, Grunberger G, Bode BW, et al. American Association of Clinical Endocrinologists and American College of Endocrinology 2016 outpatient

glucose monitoring consensus statement. *Endocr Pract.* 2016;22:231–61.

4. Ajjan R, Slattery D, Wright E. Continuous glucose monitoring: A brief review for primary care practitioners. *Adv Ther.* 2019.1:1-19. doi.org/10.1007/s12325-019-0870-x.