



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 10, 2024 October 30, 2024

Diabetic Supply Coverage Criteria

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

Continuous Glucose Monitors (CGMs)

- Patient must have a diagnosis of Type 1 Diabetes, Type 2 Diabetes, Latent Autoimmune Diabetes in Adults, Gestational Diabetes, Glycogen Storage Deficiency.
 - Preferred (*Automated*)
 - Insulin utilization within previous 90 days
 - Non-preferred
 - Insulin utilization within previous 90 days; **AND**
 - Documented trial and failure or clinical justification preventing use of all preferred products within category; **OR**
 - Utilizing an insulin pump obtained through the Durable Medical Equipment (DME) benefit with the HCPCS code E0784 that is not compatible with preferred products
- Patient must have a history of hypoglycemia
 - Preferred
 - Documentation of one of the following:
 - Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; **OR,**
 - A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia
 - Non-preferred
 - Documentation of one of the following:
 - Recurrent (more than one) level 2 hypoglycemic events (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan; **OR,**
 - A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia; **AND**
 - Documented trial and failure or clinical justification preventing use of all preferred products within category

**CGMs (e.g. Guardian) will only remain accessible through the DME medical benefit via prior authorization documenting that the patient is currently using or has been prescribed an insulin pump (E0784) requiring an infusion set with tubing and insulin cartridge. Pumps adjudicated under the pharmacy benefit must receive the accompanying CGM through the pharmacy benefit.*



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Pumps and Patches (point of sale process – filled at the pharmacy)

- Patient must have a diagnosis of Type 1 Diabetes, Type 2 Diabetes, Latent Autoimmune Diabetes in Adults, Gestational Diabetes, or Glycogen Storage Deficiency
 - Preferred (*Automated*)
 - Insulin utilization within previous 90 days
 - Non-preferred
 - Insulin utilization within previous 90 days; **AND**
 - Documented trial and failure or clinical justification preventing use of all preferred products within category

**Pump therapy and associated pump supplies (HCPCS: E0784, A4230, A4231, and A4232) must remain accessible through the DME benefit and follow the DME authorization process.*

Other Non-Preferred Diabetic Supplies

- Patient must have a history of problematic hypoglycemia with documentation or a diagnosis of Type 1 Diabetes, Type 2 Diabetes, Latent Autoimmune Diabetes in Adults, Gestational Diabetes, or Glycogen Storage Deficiency; **AND**
- Documented trial and failure and/or clinical justification preventing use of all preferred products within category

Quantity Limits

- Patient must have a history of problematic hypoglycemia with documentation or a diagnosis of Type 1 Diabetes, Type 2 Diabetes, Latent Autoimmune Diabetes in Adults, Gestational Diabetes, or Glycogen Storage Deficiency; **AND**
- Documented clinical justification for quantity requested

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of positive clinical response.