Prior Authorization Guideline

Guideline Name	Continuous Blood Glucose Monitoring Devices (CGM)
Formulary	• Medicaid - Arizona (AZM, AZMREF, AZMDDD)

Guideline Note:

Effective Date:	9/1/2025

1 . Criteria

Product Name: PREFERRED Continuous Glucose Monitors, Sensors, and Transmitters: Freestyle Libre receiver, Freestyle Libre 14 receiver/sensor, Freestyle Libre 2 receiver/sensor, Freestyle Libre 2 Plus/2+ sensor/system, Freestyle Libre 3 sensor, Freestyle Libre 3 Plus/3+ sensor/system	
Approval Length	12 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - One of the following:

1.1 Member is already established on an integrated closed loop insulin pump system. The current CGM product will be approved* (NOTE: Members starting on a closed loop insulin pump system will be required to obtain a new PA if they are changing CGM devices)

OR

1.2 Member is insulin dependent as confirmed by paid claims for insulin within the past 60 days and the request is for a Freestyle Libre product (Freestyle Libre products will adjudicate without a prior authorization submission when the member is insulin dependent as confirmed by insulin paid claims in the members PBM profile)

OR

1.3 All of the following:

1.3.1 One of the following:

1.3.1.1 Both of the following:

- Diagnosis of Type I or II Diabetes Mellitus
- Frequent insulin adjustments are required based on the results of blood glucose monitoring or CGM testing results

OR

1.3.1.2 One of the following diagnoses:

- Gestational Diabetes
- Hypoglycemia Unawareness (HU) (defined as the onset of neuroglycopenia, low blood glucose in the brain, before the appearance of autonomic warning symptoms, or the failure to sense a significant fall in blood glucose below normal levels)
- Documented Postprandial Hyperglycemia
- Documented Recurrent Diabetic Ketoacidosis

OR

1.3.1.3 Member requires short term use (72 hours) to determine baseline insulin levels prior to insulin pump initiation

AND

1.3.2 One of the following:

- Hemoglobin A1c > 7.0%
- Frequent hypoglycemic episodes as evidenced by submitted chart documentation
- Member has a diagnosis that is not defined by elevated hemoglobin A1c or frequent hypoglycemia (e.g., Gestational Diabetes)

AND

1.3.3 Provider attests member is enrolled or has completed a comprehensive diabetes education program

AND

1.3.4 Member must meet the FDA approved age for the requested product (new products entering the market shall not be approved below the FDA approved age)

Notes	*NOTE: Members starting on a closed loop insulin pump system will b e required to obtain a new PA if they are changing CGM devices. **Third Party Exception Flag must be flipped to = Y for the claim to pa y with the PA in place. Please run a trial claim to make sure claim pay s with PA ***Approve Freestyle Libre products at NDC Level – With NDC List AZ MFR3 (see background section for details)

Product Name: NONPREFERRED Continuous Glucose Monitors, Sensors, and Transmitters: Dexcom G6 receiver/sensor/transmitter, Dexcom G7 receiver/sensor, Guardian receiver/sensor/transmitter, Enlite sensor, Eversense sensor/transmitter, Minilink transmitter, Minimed 630G Guardian transmitter, Paradigm transmitter, Simplera sensor/system	
Approval Length	12 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - One of the following:

1.1 Submission of medical records (e.g., chart notes) documenting member is already established on an integrated closed loop insulin pump system. The current CGM product will be approved* (NOTE: Members starting on a closed loop insulin pump system will be required to obtain a new PA if they are changing CGM devices)

OR

1.2 Requests for a CGM product other than Freestyle Libre requires submission of medical records (e.g., chart notes, lab results) documenting ALL of the following:

1.2.1 Member has tried and failed the Freestyle Libre system (For other AHCCCS Contractors required steps, please refer to Preferred CGM Products table)

AND

1.2.2 One of the following:

1.2.2.1 All of the following:

- Diagnosis of Type I or II Diabetes Mellitus
- Member is insulin dependent as demonstrated by paid claims within the past 60 days
- Frequent insulin adjustments are required based on the results of blood glucose monitoring or CGM testing results and supporting documentation has been submitted by the provider

OR

1.2.2.2 One of the following diagnoses:

- Gestational Diabetes
- Hypoglycemia Unawareness (HU) (defined as the onset of neuroglycopenia, low blood glucose in the brain, before the appearance of autonomic warning symptoms, or the failure to sense a significant fall in blood glucose below normal levels) (submission of medical records/supporting documentation is required)
- Documented Postprandial Hyperglycemia (submission of medical records/supporting documentation is required)
- Documented Recurrent Diabetic Ketoacidosis (submission of medical records/supporting documentation is required)

OR

1.2.2.3 Member requires short term use (72 hours) to determine baseline insulin levels prior to insulin pump initiation

AND

1.2.3 Member must meet the FDA approved age for the requested product (new products entering the market shall not be approved below the FDA approved age)

AND

1.2.4 One of the following:

- Hemoglobin A1c > 7.0%
- Frequent hypoglycemic episodes as evidenced by submitted chart documentation
- Member has a diagnosis that is not defined by elevated hemoglobin A1c or frequent hypoglycemia (e.g., Gestational Diabetes)

AND

1.2.5 Provider attests member is enrolled or has completed a comprehensive diabetes education program

Notes	*NOTE: Members starting on a closed loop insulin pump system will b e required to obtain a new PA if they are changing CGM devices **Third Party Exception Flag must be flipped to = Y for the claim to pa y with the PA in place. Please run a trial claim to make sure claim pay s with PA ***Approve all NonPreferred CGM products at GPI Level – With GPI L ist AZMCGMNP (see background section for details)

Product Name: ALL Continuous Glucose Monitors, Sensors, and Transmitters: Freestyle Libre receiver, Freestyle Libre 14 receiver/sensor, Freestyle Libre 2 receiver/sensor, Freestyle Libre 2 Plus/2+ sensor/system, Freestyle Libre 3 sensor, Freestyle Libre 3 Plus/3+ sensor/system, Dexcom G6 receiver/sensor/transmitter, Dexcom G7 receiver/sensor, Guardian receiver/sensor/transmitter, Enlite sensor, Eversense sensor/transmitter, Minilink transmitter, Minimed 630G Guardian transmitter, Paradigm transmitter, Simplera sensor/system	
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Member is using the same continuous glucose monitoring device on a regular basis as evidenced through the Member's claims history and the providers chart notes

AND

2 - Member is adherent to using the device

AND

3 - Member has shared the device readings with physician or healthcare professional for review as part of overall diabetes management

Notes	Third Party Exception Flag must be flipped to = Y for the claim to pay with the PA in place. Please run a trial claim to make sure claim pays with PA Approve all Preferred Freestyle Libre products at NDC Level - With N DC List AZMFR3 Approve all NonPreferred CGM products at GPI Level – With GPI List AZMCGMNP (see background section for details)

Product Name: ALL Continuous Glucose Monitors, Sensors, and Transmitters: Freestyle Libre receiver, Freestyle Libre 14 receiver/sensor, Freestyle Libre 2 receiver/sensor, Freestyle Libre 2 Plus/2+ sensor/system, Freestyle Libre 3 sensor, Freestyle Libre 3 Plus/3+ sensor/system, Dexcom G6 receiver/sensor/transmitter, Dexcom G7 receiver/sensor, Guardian receiver/sensor/transmitter, Enlite sensor, Eversense sensor/transmitter, Minilink transmitter, Minimed 630G Guardian transmitter, Paradigm transmitter, Simplera sensor/system

Diagnosis	Requests Exceeding Quantity Limit
Approval Length	1 Time(s)
Guideline Type	Quantity Limit

Approval Criteria

1 - Request is for a vacation override

OR

2 - If not for a vacation override, requests for additional transmitter/sensor quantities should be denied

- Dexcom 6 or 7 sensors: The plan covers a maximum of 3 sensors for a 30 day supply. For defective products, please contact Dexcom CARE at 1-888-738-3646 for a replacement.
- For FreeStyle Libre 2, 3, or 3 plus/3+ sensors – The plan covers a maximum of 2 sensors for a 28-day supply. For defective products, please contact FreeStyle Libre Customer Support at 1-844-330-5535 for a replacement.
- Guardian Sensor 3 or 4 products – The plan covers a maximum of 5 sensors (1box) for a 35-day supply. For defective products, please contact Guardian Customer Service Center at 1-800-646-4633 for a replacement.
- Simplera Sensors - The plan covers a maximum of 5 sensors (1 box) for a 24-day supply. For defective products, please contact Medtronic Customer Support at 1-800-646-4633 for a replacement.

Notes	*Requests for additional quantities for purposes other than a vacation override are to be denied, utilize the product specific denial verbiage b elow. Third Party Exception Flag must be flipped to = Y for the claim t o pay with the PA in place. Please run a trial claim to ensure the claim adjudicates with PA Approve at NDC/GPI Level. Denial language: ● Dexcom 6 or 7 transmitters - The prior authorization request for mor e than 1 transmitter in 90 days are to be denied. The plan covers a m aximum of 1 transmitter for a 90-day supply. If the member has a defe ctive transmitter, please contact Dexcom CARE at 1- 888-738-3646 fo r a replacement. ● Dexcom 6 or 7 sensors - The prior authorization request for more th an 3 sensors in 30 days are to be denied. The plan covers a maximu m of 3 sensors for a 30-day supply. If the member has a defective sen sor, please contact Dexcom CARE at 1-888-738-3646 for a replacem ent. ● Dexcom G6 Receiver - The prior authorization request for more tha n 1 receiver in 365 days are to be denied. The plan covers a maximu m of 1 transmitter for a 365-day supply. If the member has a defective receiver, please contact Dexcom CARE at 1- 888-738-3646 for a repl acement. FreeStyle Libre & FreeStyle Libre 2, 3, or 3 plus/3+ sensors- The prior authorization request for more than 2 sensors, for a 28-day supply, are to be denied. ● The plan covers a maximum of 2 sensors for a 28-Day supply. If yo u have a defective a sensor, please contact Abbott's FreeStyle Libre Customer Support at 1-844-330-5535 for a replacement.

	Guardian Sensor 3 or 4 Sensors – The prior authorization request for more than 5 sensors, for a 35-day supply, are to be denied. The plan covers a maximum of 5 sensors (1 box) for a 35-day supply. For defective products, please contact Guardian Customer Service Center at 1-800-646-4633 for a replacement. Simplera sensors - The prior authorization request for more than 5 sensors, for a 24-day supply, are to be denied. The plan covers a maximum of 5 sensors (1 box) for a 24-day supply. For defective products, please contact Medtronic Customer Support at 1-800-646-4633 for a replacement.

2 . Background

Benefit/Coverage/Program Information

Preferred CGM Products

Health Plan	CGM Step Therapy Requirements
Arizona Complete Health	Freestyle Libre 2 & 3
Banner University Family Care	Freestyle Libre 2 & 3
Care 1st Health Plan	Freestyle Libre 2 & 3
DCS Comprehensive Health Plan	Dexcom G6 & G7 Freestyle Libre 2 & 3
Division of Developmental Disabilities	Freestyle Libre 2 & 3
AHCCCS Fee-For-Service American Indian Health Plan	Freestyle Libre 2 & 3
Health Choice Arizona	Freestyle Libre 2 & 3
Mercy Care	Dexcom G6 & G7 Freestyle Libre 2 & 3
Molina Healthcare	Freestyle Libre 2 & 3
United Community Plan	Dexcom G6 & G7 Freestyle Libre 2 & 3

NDC List for Preferred CGM Products

NDC List	NDC	Product Label	GPI	GPI-14 Description
AZMFR3	57599080300	FREESTY LIBR MIS 2 READER	97202012026200	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***

AZMFR3	57599000021	FREESTYLE MIS READER	97202012026200	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***
AZMFR3	57599000200	FREESTYLE MIS READER	97202012026200	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***
AZMFR3	57599082000	FREESTY LIBR MIS 3 READER	97202012046300	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***
AZMFR3	57599081800	FREESTY LIBR KIT 3 SENSOR	97202012046300	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***
AZMFR3	57599084400	FREE LIBRE3 KIT PLUS/SEN	97202012046300	*CONTINUOUS GLUCOSE SYSTEM SENSOR***
AZMFR3	57599083500	FREE LIBRE2 KIT PLUS/SEN	97202012046300	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***
AZMFR3	57599080000	FREESTY LIBR KIT 2 SENSOR	97202012046300	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***
AZMFR3	57599000101	FREESTYLE KIT SENSOR	97202012046300	*CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR***

GPI Lists for NonPreferred CGM Products

GPI List	GPI	GPI-14 Description
AZMCGMNP	97202012026200	*CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER***
AZMCGMNP	97202012046300	*CONTINUOUS BLOOD GLUCOSE

		SYSTEM SENSOR***
AZMCGMNP	97202012066300	*CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER***

Third Party Exception Flag must be flipped to = Y for the claim to pay with the PA in place. Please run a trial claim to make sure claim pays with PA

Notes

Third Party Exception Flag must be flipped to = Y for the claim to pay with the PA in place. Please run a trial claim to make sure claim pays with PA

Coverage Notes:
AHCCCS Rule R9-22-202 requires that services be cost effective. The corresponding federal regulations are found in 42 CFR Part 447

R9-22-202. General Requirements
B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply: Only medically necessary, cost effective, and federally reimbursable and state-reimbursable services are covered.

3 . Revision History

Date	Notes
8/28/2025	Removed submission of records requirement for preferred products (Libre). Updated QL info for new Simplera sensors.