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Scope: Medicaid

# **Freestyle Libre Sensor and Reader Dexcom Reader, Transmitter and Sensor**

## **POLICY**

### **I. CRITERIA FOR APPROVAL**

An authorization of 12 months may be granted if:

- A. Member is currently utilizing non basal insulin for the treatment of diabetes OR
- B. The member has Type 1 or Type 2 Diabetes Mellitus AND the member is at high risk of hypoglycemia, recurring episodes of hypoglycemia or hypoglycemia unawareness

### **II. QUANTITY LIMIT**

- Freestyle Libre, Freestyle Libre 2 or 3 Sensors: 2 sensors per 28 days
  - Members are to keep the Freestyle Libre/Freestyle Libre 2 or 3 Sensor box as it has the information required for the replacement sensor.
  - If the sensor falls off, please call the manufacturer for a replacement.
- Freestyle Libre and Freestyle Libre 2 Reader: 1 reader per 365 days
- Dexcom Receiver: 1 per 365
- Dexcom Transmitter: 1 per 90 days
- Dexcom Sensor
  - G6: 3 sensors per 30 days
  - G7: 3 sensors per 30 days

### **III. COVERAGE DURATION**

- 12 months