AdvancedHealth
Bridging the Future of Healthcare

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Continuous Glucose Monitor (CGM) Drug Use Criteria

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Initial Request:

1. Does the member have a diagnosis of Type 1 Diabetes, Type 2 Diabetes (insulin-dependent), or Gestational Diabetes treated with insulin?

    a. If yes, and member has a diagnosis of Type 1 Diabetes or Gestational Diabetes, go to 2
    b. If yes member has a diagnosis of Type 2 Diabetes, go to 3
    c. If no, deny as not meeting criteria

2. Is the member currently on insulin therapy (any regimen)?

    a. If yes, go to 4
    b. If no, deny as not meeting criteria

3. Is the member using short-acting insulin injections?

    a. If yes, go to 4
    b. If no, deny as not meeting criteria

4. Has the provider attested the member received (or will receive) CGM-specific diabetes education and that CGM data will be integrated into care?

    a. If yes, go to 5
    b. If no, deny as not meeting criteria

5. Does documentation show at least one of the following risk/need factors:
    - HbA1c ≥ 8.0%, or
    - Frequent/severe hypoglycemia, or
    - Impaired hypoglycemia awareness, or
    - Diabetes-related complications (e.g., neuropathy, retinopathy, nephropathy)

    a. If yes and diagnosis is Type 1 Diabetes, approve preferred (Freestyle brand) CGM and supplies for up to 6 months
    b. If yes, and diagnosis is Type 2 Diabetes or Gestational Diabetes, go to 6
    c. If no, deny as not meeting criteria

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6. Is there documentation that standard self-monitoring of blood glucose (SMBG/finger-stick) with glucometer and test strips has been trialed with good compliance and found insufficient?

    a. If yes, and diagnosis is Type 2 Diabetes, approve CGM and supplies for up to 6 months
    b. If yes, and diagnosis is Gestational Diabetes, approve for duration of pregnancy and up to 60 days postpartum if requested by prescriber
    c. If no, deny as not meeting criteria

Renewals:

1. Has documentation been provided from data tracking software of device supporting member's use of CGM device for at least 50% of the time during the previous 90 days AND prescriber attestation supporting member's use of CGM for at least 50% of the time during the previous renewal period?

    a. If yes, go to 2
    b. If no, deny as not meeting criteria

2. Is there evidence that member has ongoing clinical benefit documented (e.g., improved A1c, reduced hypo/hyperglycemia)?

    a. If yes, go to 3
    b. If no, deny as not meeting criteria

3. Does provider follow-up confirm ongoing use and benefit?

    a. If yes, approve for up to 12 months
    b. If no, deny as not meeting criteria

References:

1. Oregon Health Authority. *Oregon Administrative Rules (OAR) 410-122-0730: Continuous Glucose Monitoring Equipment and Supplies.* Oregon Secretary of State. Updated January 1, 2024. Available at: https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87. Accessed October 2, 2025.
2. Oregon Health Authority, Health Evidence Review Commission (HERC). *Guideline Note 108: Continuous Glucose Monitoring.* Prioritized List of Health Services. Updated 2024. Available at: https://www.oregon.gov/oha/HPA/DSI-HERC/SearchablePLdocuments/Prioritized-List-GN-108.docx. Accessed October 2, 2025.
3. Oregon Health Authority. *Oregon Administrative Rules (OAR) Chapter 410, Division 122: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).* Oregon Secretary of State. Available at: https://oregon.public.law/rules/oar_chapter_410_division_122. Accessed October 2, 2025.
4. American Diabetes Association. *Standards of Care in Diabetes—2024.* Diabetes Care. 2024;47(Suppl 1):S1-S180. doi:10.2337/dc24-SINT.