

UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 1206-11
Program	Prior Authorization/Notification
Medication	Continuous glucose monitors, sensors and transmitters (all brands)
P&T Approval Date	12/2016, 11/2017, 11/2018, 11/2019, 3/2020, 6/2021, 6/2022, 8/2023, 11/2024, 11/2025
Effective Date	2/15/2026

**1. Background:**

Continuous glucose monitors may be used by patients with diabetes who require glucose monitoring beyond what can be achieved with a standard blood glucose monitor.

**2. Coverage Criteria:**

**A. Initial Authorization**

1. **Continuous glucose monitors, sensors, and transmitters** will be approved for **initial therapy** based on **both** of the following criteria:

a. Diagnosis of diabetes

**-AND-**

b. **All** of the following:

- (1) Patient is motivated and knowledgeable about use of continuous glucose monitoring
- (2) Patient is adherent to diabetic treatment plan
- (3) Patient participates in ongoing education and support

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Continuous glucose monitors, sensors, and transmitters** will be approved for **continuation of therapy** based on the following criterion:

a. Documentation of positive clinical response

**Authorization will be issued for 12 months.**

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.
- Medical Necessity may be in place.

### 4. References:

1. American Diabetes Association. (2024). 7. Diabetes technology: Standards of care in diabetes 2024. *Diabetes Care*, 47(Supplement\_1), S126–S144. <https://doi.org/10.2337/dc24-S007>
2. Lane AS, Mlynarczyk MA, de Veciana M, et al. Real-time continuous glucose monitoring in gestational diabetes: a randomized controlled trial. *Am J Perinatol*. 2019 Jul;36(9):891-897.
3. LeRoith D, Biessels GJ, Braithwaite SS, et al. Treatment of diabetes in older adults: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2019 May 1;104(5):1520-1574.

Program	Prior Authorization/Notification – Continuous Glucose Monitors
<b>Change Control</b>	
12/2016	New program.
11/2017	Annual review. Revised reauthorization criteria.
11/2018	Annual review. Revised authorization timeline, added criteria for insulin use.
5/2/2019	Administrative change. Change Oxford effective date to 6/1/2019.
11/2019	Modified criteria to allow coverage for any type of diabetes.
3/2020	Added requirement that patient is knowledgeable about continuous glucose monitors, participates in education and support, and monitors blood glucose 3 or more times per day.
6/2021	Modified criteria to monitor blood glucose 4 or more times per day and added criteria that patient has inadequate glycemic control despite an intensive diabetes management.
6/2022	Removed requirements that patient is on an intensive insulin regimen, has inadequate glucose control, and regularly monitors blood glucose at least 4 times per day.
8/2023	Annual review. Updated references.
11/2024	Annual review. Updated references.
11/2025	Annual review. Updated references.