

Starting March 1, some continuous glucose monitor products will require prior authorization

Beginning March 1, 2024, we'll require prior authorization for the continuous glucose monitor products listed below for Blue Cross Blue Shield of Michigan and Blue Care Network commercial members. Members currently using these products have until May 1 before we'll require a prior authorization. Medicare Advantage members are excluded from this change.

Continuous glucose monitor products	Coverage requirement, effective March 1*
Dexcom G6 Receiver Dexcom G6 Sensor Dexcom G6 Transmitter Dexcom G7 Receiver Dexcom G7 Sensor Freestyle Libre 14 Day Reader Freestyle Libre 14 Day Sensor Freestyle Libre 2 Reader Freestyle Libre 2 Sensor Freestyle Libre 3 Sensor Freestyle Libre Reader	<ol style="list-style-type: none"> 1. Member is insulin-requiring or 2. Member has a diagnosis of diabetes and history of problematic hypoglycemia with at least one of the following: <ol style="list-style-type: none"> a. Recurrent (more than one) level 2 hypoglycemia events (glucose <54 mg/dL) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan b. A history of one level 3 hypoglycemia event (glucose <54 mg/dL) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia or <p>Member has a diagnosis of diabetes and is currently pregnant while experiencing post-prandial (after mealtime) hyperglycemia</p>

*Coverage requirements for continuous glucose monitor products that are billed as durable medical equipment through the member's commercial medical benefit are the same as the criteria in the table above.

The coverage criteria listed in the table above apply to members who are new starts to continuous glucose monitor products effective **March 1, 2024**.

Members who use continuous glucose monitor products prior to March 1, 2024, must meet the coverage criteria listed in the table above effective **May 1, 2024**.

Action needed:

- Talk to your patients about any concerns they may have.
- Request a prior authorization electronically. If the prescription isn't authorized in advance, we may not pay for it.

For more information on how to submit an authorization electronically:

1. Go to ereferrals.bcbsm.com.
2. Select *Blue Cross* for PPO members or *BCN* for HMO members.
3. Click *Pharmacy Benefit Drugs* on the left.
4. Request a prior authorization to show that the criteria in the table in this alert are met.

For a complete list of covered drugs and coverage requirements, go to bcbsm.com/druglists.

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