



Continuous Glucose Monitor (CGM) Step Therapy with Quantity Limit

STEP THERAPY CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval		
	<p>TARGET AGENT(S) Dexcom G5® Dexcom G6® Dexcom G7®</p> <p>EVALUATION</p> <p>Target Agent(s) will be approved when ONE of the following is met:</p> <p>1. The requested agent is eligible for continuation of therapy AND ONE of the following:</p> <table><tr><td>Agents Eligible for Continuation of Therapy</td></tr><tr><td>All target agents are eligible for continuation of therapy</td></tr></table> <p>A. Information has been provided that indicates the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days OR</p> <p>B. The prescriber states the patient has been treated with the requested agent (starting on samples is not approvable) within the past 90 days AND is at risk if therapy is changed OR</p> <p>2. The patient’s medication history includes use of an insulin within the past 90 days</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>	Agents Eligible for Continuation of Therapy	All target agents are eligible for continuation of therapy
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All target agents are eligible for continuation of therapy			

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL with ST	<p>PRIOR AUTHORIZATION CRITERIA FOR APPROVAL</p> <p>Requests above the quantity limit will be approved when ALL of the following are met:</p> <ol style="list-style-type: none">1. The prescriber has provided information in support of therapy with a higher quantity <p>Length of approval: 12 months</p>