

PA DEPARTMENT OF HUMAN SERVICES
MAAC BRIEFING DOCUMENT
CONTINUOUS GLUCOSE MONITORING PRODUCTS

Proposed Effective Date: January 5, 2026

Revisions are noted with a ~~striketrough~~ for deletions and **bold and underline** for additions.

I. Requirements for Prior Authorization of Continuous Glucose Monitoring Products

A. Prescriptions That Require Prior Authorization

All prescriptions for Continuous Glucose Monitoring Products must be prior authorized.

B. Revisions to Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Continuous Glucose Monitoring Product, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. Has **one** of the following:

- a. Use of an antidiabetic medication within the last 90 days
- b. A diagnosis of diabetes;

AND

2. For a non-preferred Continuous Glucose Monitoring Product, **one** of the following:

- a. Has a history of therapeutic failure of the preferred Continuous Glucose Monitoring Products
- b. Requires a non-preferred Continuous Glucose Monitoring Product for compatibility with their ~~insulin pump~~ **insulin delivery device**;

AND

3. If a prescription for a Continuous Glucose Monitoring Product is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter. The list of drugs/products that are subject to quantity limits, with accompanying quantity limits, is available at: <https://www.pa.gov/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits>.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

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C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Continuous Glucose Monitoring Product. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

D. Dose and Duration of Therapy

Approvals of requests for prior authorization of prescriptions for Continuous Glucose Monitoring Products will be approved for 12 months.

E. References

1. Clinical Resource, Continuous Glucose Monitoring. Pharmacist's Letter/Pharmacy Technician's Letter/Prescriber's Letter. May 2023. [390502]
2. ElSayed NA, Aleppo G, Aroda VR, et al. 7. Diabetes Technology: Standards of Care in Diabetes-2023. Diabetes Care. 2023 Jan 1;46(Suppl 1):S111-S127
3. Allen NA, Fain JA, Braun B, et al. Continuous glucose monitoring in non-insulin-using individuals with type 2 diabetes: acceptability, feasibility, and teaching opportunities. Diabetes Technol Ther. 2009 Mar;11(3):151-8. doi: 10.1089/dia.2008.0053.
4. Dowd R, Jepson LH, Green CR, et al. Glycemic Outcomes and Feature Set Engagement Among Real-Time Continuous Glucose Monitoring Users With Type 1 or Non-Insulin-Treated Type 2 Diabetes: Retrospective Analysis of Real-World Data. JMIR Diabetes. 2023 Jan 18;8:e43991. doi: 10.2196/43991.