Effective Date: 01/01/2022
Last Approval/Version: 02/2026
Next Review Due By: 01/2027
Policy Number: C22081-A

Continuous Glucose Monitoring (CGM), IL Medicaid Only

PRODUCTS AFFECTED

Dexcom G4 Plat Ped Receiver, Dexcom G4 Platinum Receiver, Dexcom G4 Platinum Transmitter, Dexcom G5 Mob/G4 Plat Sensor, Dexcom G5 Mobile Receiver, Dexcom G5 Mobile Transmitter, Dexcom G5 Receiver Kit, Dexcom G6 Receiver, Dexcom G6 Sensor, Dexcom G6 Transmitter, Dexcom G7 Receiver, Dexcom G7 Sensor, Enlite Glucose Sensor, Eversense 365 Sensor, Eversense 365 Smart Transmitter, Eversense E3 Sensor, Eversense E3 Smart Transmitter, Eversense Sensor, Eversense Smart Transmitter, FreeStyle Libre 14 Day Reader, FreeStyle Libre 14-Day Sensor, FreeStyle Libre 2 Plus Sensor, FreeStyle Libre 2 Reader, FreeStyle Libre 2 Sensor, FreeStyle Libre 3 Plus Sensor, FreeStyle Libre 3 Reader, FreeStyle Libre 3 Sensor, FreeStyle Libre Reader, FreeStyle Libre Sensor System, Guardian 4 Glucose Sensor, Guardian 4 Transmitter, Guardian Connect Transmitter, Guardian Link 3 Transmitter, Guardian REAL-Time, Guardian Sensor (3), MiniLink REAL-Time Transmitter, MiniMed 630G Guardian, Paradigm REAL-Time Transmitter, Simplera Sensor, Simplera Sync Sensor, Simplera System

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Type 1 Diabetes, Type 2 Diabetes, Gestational Diabetes

REQUIRED MEDICAL INFORMATION:

A. FOR NON-PREFERRED ONLY:
   1. Member meets one of the following [Documentation Required]:
      a. Member has a physical or mental limitation that makes utilization of the preferred (Dexcom G6, Dexcom G7, Freestyle Libre*, Guardian*, Simplera) unsafe, inaccurate or otherwise not feasible. *Certain devices are non-preferred. Please consult the Illinois Medicaid Preferred Drug List (PDL) for a detailed list.
      OR

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b. Provider has demonstrated that use of a NON-PREFERRED monitoring system is medically necessary for this member.

AND

2. Member meets diagnosis-specific criteria below.

B. TYPE 1 DIABETES
1. Member has a diagnosis of Type 1 Diabetes.
AND
2. Provider attests that member will be trained on the use of the requested CGM system.

OR

C. TYPE 2 DIABETES
1. Member has a diagnosis of Type 2 Diabetes.
AND
2. Member requires insulin.
AND
3. Provider attests that member will be trained on the use of the requested CGM system.

OR

D. GESTATIONAL DIABETES
1. Documentation that member has a current diagnosis of gestational diabetes (including up to 12 months post-partum).
AND
2. Provider attests that member will be trained on the use of the requested CGM system.

CONTINUATION OF THERAPY:

A. ALL INDICATIONS:
1. Initial approval criteria is met.

DURATION OF APPROVAL:

Initial authorization and continuation of therapy for all components (receiver, sensors, transmitters): 12 months
Gestational Diabetes: approve all components (receiver, sensors, transmitters) for the remaining duration of that pregnancy and up to 12 months post-partum

PRESCRIBER REQUIREMENTS:

None

AGE RESTRICTIONS:

None

QUANTITY LIMITS:

Sensors	**Quantity Limit**
Freestyle Libre 14 days	2 per 28 days
Freestyle Libre 2	2 per 28 days
Freestyle Libre 3	2 per 24 days
Dexcom G6	3 per 30 days
Dexcom G7	3 per 30 days
Eversense	1 per 90 days
Medtronic Guardian	5 per 35 days
Simplera*	4 per 28 days
Transmitters	**Quantity Limit**
Dexcom G6	1 per 90 days

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Eversense	1 per 365 days
Medtronic Guardian	1 per 365 days
Receiver	**Quantity Limit**
Dexcom G6 Receiver	1 per 365 days
Dexcom G7 Receiver	1 per 365 days
Freestyle Libre 14 Day Reader	1 per 365 days
Freestyle Libre 2 Reader	1 per 365 days
Freestyle Libre 3 Reader	1 per 365 days

Note: Devices not listed must comply with FDA approved quantities based on diagnosis.

*The Simplera CGM sensor is integrated into the transmitter and is fully disposable. The entire unit—sensor and transmitter—is replaced every 7 days.

PLACE OF ADMINISTRATION:
The recommendation is that CGM supplies in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Subcutaneous

DRUG CLASS:
Glucose Monitoring Test Supplies

FDA-APPROVED USES:
Indicated for detecting trends and tracking patterns and glucose level excursions above or below the desired range, facilitating therapy adjustments in persons with diabetes.

OTHER CONSIDERATIONS

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Continuous Glucose Monitoring systems are considered experimental/investigational and therefore, will follow Molina's Off- Label policy.

AVAILABLE DEVICES

Dexcom G4 Plat Ped Receiver
Dexcom G4 Platinum Receiver
Dexcom G4 Platinum Transmitter
Dexcom G5 Mob/G4 Plat Sensor
Dexcom G5 Mobile Receiver
Dexcom G5 Mobile Transmitter
Dexcom G5 Receiver Kit
Dexcom G6 Receiver
Dexcom G6 Sensor
Dexcom G6 Transmitter
Dexcom G7 Receiver
Dexcom G7 Sensor
Enlite Glucose Sensor
Eversense 365 Sensor
Eversense 365 Smart Transmitter
FreeStyle Libre 2 Plus Sensor
FreeStyle Libre 2 Reader
FreeStyle Libre 2 Sensor
FreeStyle Libre 3 Plus Sensor
FreeStyle Libre 3 Reader
FreeStyle Libre 3 Sensor
FreeStyle Libre Reader
FreeStyle Libre Sensor System
Guardian 4 Glucose Sensor
Guardian 4 Transmitter
Guardian Connect Transmitter
Guardian Link 3 Transmitter
Guardian REAL-Time
Guardian Sensor (3)
MiniLink REAL-Time Transmitter

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Eversense E3 Sensor
Eversense E3 Smart Transmitter
Eversense Sensor
Eversense Smart Transmitter
FreeStyle Libre 14 Day Reader
FreeStyle Libre 14-Day Sensor
MiniMed 630G Guardian
Paradigm REAL-Time Transmitter
Simplera Sensor
Simplera Sync Sensor
Simplera System

REFERENCES

1. Illinois HFS Drugs with Stipulated PA Language per Contract for MCOs 01.01.26
2. Illinois Medicaid Preferred Drug List, Effective January 1, 2026
3. Illinois Department of Healthcare and Family Services (HFS), Continuous Glucose Monitor (CGM) Prior Authorization Criteria, version 12-1-2024, accessed on January 9, 2026. https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/cglucosemoncriteria.pdf
4. FreeStyle Libre Important Safety Information. Accessed July 8, 2025. https://www.freestyleprovider.abbott/us-en/safety-information.html
5. Dexcom. Dexcom Continuous Glucose Monitoring. Accessed July 8, 2025. https://www.dexcom.com/
6. Simplera Important Safety Information. Accessed July 8, 2025. https://www.medtronicdiabetes.com/important-safety-information#simplera
7. American Diabetes Association Professional Practice Committee; 7. Diabetes Technology: Standards of Care in Diabetes—2024. Diabetes Care 1 January 2024; 47 (Supplement_1): S126–S144. https://doi.org/10.2337/dc24-S007

SUMMARY OF REVIEW/REVISIONS	DATE
OFF-CYCLE REVIEW – Notable revisions: Quantity Limits References	02/2026
OFF-CYCLE REVIEW – Notable revisions: Products Affected Required Medical information Available Devices References	7/2025
OFF-CYCLE REVIEW – Notable revisions: Products Affected Quantity Limits Available Devices	2/2025
ANNUAL REVIEW - Notable revisions: Provider Requirements	1/2025
OFF-CYCLE REVIEW – Notable revisions: Products Affected Available Devices Required Medical Information Duration of Approval References	11/2024
ANNUAL REVIEW - Notable revisions: Products Affected Available Devices Required Medical Information Prescriber Requirements Other Considerations References	01/2024

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Annual updates	04/2023
New criteria creation	12/2021

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