



CONTINUOUS GLUCOSE MONITORING SYSTEMS

Department of Defense

TRICARE Policy to prescribe CGM*
for Beneficiary use¹

*For purposes of this document, CGM and CGMS both refer to Continuous Glucose Monitoring Systems.

1. Department of Defense Pharmacy and Therapeutics Committee Recommendations from the November 2022 Meeting Information for the Uniform Formulary Beneficiary Advisory Panel <https://www.health.mil/Reference-Center/Meeting-References/2022/12/16/BAP-Background-Document-for-the-Nov-2022-PT-Meeting>.





Abbott provides this information as a courtesy, it is subject to change and interpretation. The customer is ultimately responsible for determining the appropriate codes, coverage, and payment policies for individual patients. Abbott does not guarantee third party coverage or payment for our products or reimburse customers for claims that are denied by third party payors.

See last page for Important Safety Information.

Policy to Prescribe CGM¹

All beneficiaries receiving the FreeStyle Libre 3 or FreeStyle Libre 2 systems under the TRICARE medical benefit will require Prior Authorization (PA) to receive coverage under the pharmacy benefit. Coverage for both Type 1 and Type 2 diabetes is allowed, provided that the patient is receiving basal and prandial insulin, or if the patient is using an insulin pump. There is no requirement for a minimal number of Self Monitoring Blood Glucose test strips to be used daily, in order to receive FreeStyle Libre systems.

Prior Auth criteria apply to all new and current users of the FreeStyle Libre 3 and FreeStyle Libre 2 systems and is approved if all criteria are met.

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|  | <p>Initial prior authorization expires in 1 year. PA renewal will be required annually.</p> |
|  | <ul style="list-style-type: none"> • The patient has a diagnosis of Type 1 diabetes mellitus OR Type 2 diabetes mellitus • One of the following situations applies: <ul style="list-style-type: none"> • Patient is using basal and prandial insulin injections, • OR Patient is using a continuous subcutaneous insulin infusion (i.e., insulin pump), • OR Patient has Type 2 diabetes mellitus and is receiving insulin therapy and has a history of severe hypoglycemia episodes requiring medical intervention • The FreeStyle Libre systems are prescribed by an endocrinologist or diabetes specialist • Documentation from the patient record must be submitted with ALL of the following: <ul style="list-style-type: none"> • Diagnosis • Medication history, including use of insulin • Completion of a comprehensive diabetes education program for the patient • Patient agrees to wear CGM as directed • Patient agrees to share device readings with managing healthcare professional for overall diabetes management • Patient meets the following age requirement: <ul style="list-style-type: none"> • Patient is 4 years of age or older |
|  | <ul style="list-style-type: none"> • Provider and patient will assess the usage of self-monitoring of blood glucose (SMBG) test strips, with the goal of minimizing/discontinuing use |
|  | <p>Renewal Criteria: Coverage will be approved on a yearly basis if all of the following apply (Note that initial TRICARE PA approval is required for renewal)</p> <ul style="list-style-type: none"> • Confirmation that the patient has seen an endocrinologist or diabetes specialist at least once within the past year • Confirmation that the patient has utilized CGM daily • Provider and patient will assess the usage of self-monitoring of blood glucose (SMBG) test strips at every visit, with the goal of minimizing/discontinuing use • Patients with T2DM continue to require daily basal and prandial insulin injections • Patient continues to agree to share data with managing healthcare professional for the purposes of clinical decision making |

1. Department of Defense Pharmacy and Therapeutics Committee Recommendations from the November 2022 Meeting Information for the Uniform Formulary Beneficiary Advisory Panel <https://www.health.mil/Reference-Center/Meeting-References/2022/12/16/BAP-Background-Document-for-the-Nov-2022-PT-Meeting>.

Important Safety Information

FreeStyle Libre 14 day system: Failure to use FreeStyle Libre 14 day system as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or <https://www.FreeStyle.abbott/us-en/safety-information.html> for safety info.

FreeStyle Libre 2 and FreeStyle Libre 3: Failure to use FreeStyle Libre 2 and FreeStyle Libre 3 day systems as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose alarms and readings do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Seek medical attention when appropriate or contact Abbott at 855-632-8658 or <https://www.FreeStyle.abbott/us-en/safety-information.html> for safety info.

The circular shape of the sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott. Other trademarks are property of their respective owners.