HEALTH PLANS
UNIVERSITY OF UTAH

PRIOR AUTHORIZATION REQUEST FORM

Continuous Glucose Monitor (CGM)- Retail Pharmacy Only

For authorization, please answer each question and fax this form PLUS chart notes back to the U of U Health Plans Prior Authorization Department at 888-509-8142. Failure to submit clinical documentation to support this request will result in delay and/or denial of the request.

If you have prior authorization questions, please call for assistance: Healthy U: 855-856-5694, University of Utah Health Employees: 855-856-5690, Individual & Family Plans: 855-869-4769, Commercial Groups: 855-859-4892, MHC 855-885-7695

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Height/Weight:		

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Preferred: ☐ Dexcom G6 ☐ Freestyle Libre 1 ☐ Freestyle Libre 2
Non-formulary: ☐ Dexcom G4 ☐ Dexcom G5 ☐ Eversense Implantable CGMs ☐ Medtronic Enlite ☐ Medtronic Guardian

Dosing/Frequency:____

If the request is for reauthorization, proceed to reauthorization section

Questions	Yes	No	Comments/Notes
1. Is the member 2 years of age or older?	☐	☐	
2. Is the prescribing provider an endocrinologist or diabetes specialist?	☐	☐	**Please provide documentation**
3. If the member is ≥ 13 years of age, has the member had at least one year of subcutaneous insulin therapy?	☐	☐	**Please provide documentation**
4. Has the member had injected insulin three or more times per a day or used a continuous subcutaneous insulin infusion therapy for at least two months prior to initiation of continuous glucose monitor?	☐	☐	**Please provide documentation**
5. Do log books show glucose self-testing at least 4 times per day for at least 60 consecutive days in the three months prior to request for approval?	☐	☐	**Please provide documentation**
6. Does documentation show diabetes specialist's assessment of ability to train member on appropriate use of continuous glucose monitor?	☐	☐	**Please provide documentation**
7. Does documentation show at least 2 visits with a diabetes specialist during the six months prior to initiation?	☐	☐	**Please provide documentation**

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8. Does the member meet one or more of the following criteria while on a multiple daily injection insulin or insulin pump therapy? • Glycosylated hemoglobin levels (HbA1c) greater than 7%. • Recent history (within the last six months) of significant, recurring hypoglycemia (less than 60mg/dL or requiring assistance). • Wide fluctuations (well above and below set glycemic targets) in blood glucose before and after meal times, despite appropriate adjustment of does. • At least one documented incidence of hyperglycemic hyperosmotic syndrome or diabetic ketoacidosis within the previous six months. • Type I diabetes mellitus.	☐	☐	**Please provide documentation**
9. Does the member have gestational diabetes or diabetes during pregnancy?	☐	☐	**Please provide documentation**
REAUTHORIZATION			
1. Is the request for reauthorization of therapy?	☐	☐	
2. Has the member had at least 2 visits with a diabetes specialist within the previous 12 months?	☐	☐	**Please provide documentation**
3. Have Hemoglobin A1c levels been checked at least 6 months within the previous year?	☐	☐	**Please provide documentation**
4. Does documentation show that the member is adhering to the treatment plan outlined by a diabetes specialist?	☐	☐	**Please provide documentation**

What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.

Additional information:

Physician Signature:

****Failure to submit clinical documentation to support this request will result in delay and/or denial of the request****

Policy PHARM-108
Origination Date: 10/28/2020
Reviewed/Revised Date: 10/28/2020
Next Review Date: 10/28/2021
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