VENTURA COUNTY
HEALTH CARE PLAN

CARE VALUE POLICY

POLICY: Diabetes – Continuous Glucose Monitoring Systems Care Value Policy

- Dexcom G6 CGM System – Dexcom
- Dexcom G7 CGM System – Dexcom
- Eversense E3 CGM System – Senseonics [*obsolete 03/12/2025*]
- Eversense 365 CGM System – Senseonics
- Freestyle Libre CGM System – Abbott
- Freestyle Libre 2 CGM System – Abbott
- Freestyle Libre 3 CGM System – Abbott
- Freestyle Libre 2 Plus CGM System – Abbott
- Freestyle Libre 3 Plus CGM System – Abbott
- Freestyle Libre 14 day CGM System – Abbott
- Guardian Connect CGM System – Medtronic [*obsolete 04/10/2025*]
- Guardian 3 CGM System – Medtronic
- Guardian 4 CGM System – Medtronic
- MiniMed Instinct CGM System – Abbott/Medtronic
- Simplera™ CGM System – Medtronic
- Simplera Sync™ CGM System – Medtronic

REVIEW DATE: 01/21/2026; selected revision 05/13/2026

OVERVIEW

The products targeted in this policy are continuous glucose monitoring (CGM) systems. Of note, throughout the policy, the term CGM "system" refers to all applicable components, including sensor, transmitter/reader, and/or receiver.

CGM measures interstitial glucose (which correlates well with plasma glucose, although it can lag when glucose levels rapidly rise or fall).[1] Most available prescribed CGM devices have similar characteristics. There are two categories of CGM devices generally available for personal use: prescription products (real-time CGM and over-the-counter (OTC) CGM which lack alarms and alerts but can be used by people not taking diabetes medications that increase the risk of hypoglycemia. Only prescription CGM are addressed in this policy. Most CGM are designated as integrated CGM and cleared as a medical device by FDA. The exact CGM that integrates with a given device (e.g., automated insulin system or connected insulin pen) varies, and available options should be considered when choosing an integrated system. Dexcom G6, Dexcom G7, Eversense E3, FreeStyle Libre 2 Plus, FreeStyle Libre 3 Plus, Guardian, and Simplera Sync[5] are FDA-approved for use with automated insulin delivery (AID) systems. Dexcom G6, Dexcom G7, FreeStyle Libre 2, and Simplera[4] are approved for use with connected insulin pens. The following systems use the Medtronic MiniMed 780G insulin pump as the receiver: Guardian 4 (sensor and transmitter), Instinct (sensor), and Simplera Sync (sensor).[6,7] The Guardian 3 sensor uses the MiniMed 670G and MiniMed 630G insulin pumps as the receiver.[9] The Guardian 3 sensor is also used with the Guardian Connect system (Guardian Connect app, Guardian Connect transmitter, Guardian 3 sensor).[10] Freestyle Libre 3 and 3 Plus involves a sensor which communicates either with a handheld device or with an app.[1] Of note, Dexcom G7 uses a combined sensor/transmitter and a receiver. The Eversense 365 system includes a small sensor inserted under the skin by a health care provider, a removable smart transmitter worn over the sensor, and an app to display the glucose readings.[11]

Guidelines

The American Diabetes Association (ADA) Standards of Care in Diabetes (2026) comment on the role of CGM in the management of diabetes.[1] CGM is recommended at diabetes onset and anytime thereafter in patients with diabetes (children, adolescents, and adults) who are on any type of insulin therapy (level of evidence A), on non-insulin therapies that can cause hypoglycemia (level of evidence C), and on any diabetes treatment where CGM helps in management (level of evidence C). In all cases, it is noted that the choice of device should be made based on the individual's circumstances, preferences, and needs. (level of evidence E). In pregnant patients with type 1 diabetes, CGM can help to achieve glycemic goals (e.g., time in range and time above range) [level of evidence A] and hemoglobin A_{1c} goal (level of evidence B) and may be beneficial for other types of diabetes in pregnancy (level of evidence E).

CGM is recommended for pregnant individuals with type 1 diabetes (level of evidence A).[1] In combination with other methods to achieve traditional pre- and post-prandial goals, CGM can reduce the risk of large for gestational age infants and neonatal hypoglycemia in pregnant patients with type 1 diabetes (level of evidence A). There are insufficient data to support the use of CGM in all pregnant patients with type 2 diabetes or gestational diabetes. The decision to use CGM in such patients should be individualized based on treatment regimen, circumstances, preferences, and needs.

The American Association of Clinical Endocrinology (AACE) clinical practice guidelines regarding use of advanced technology in the management of persons with diabetes mellitus (2021) discuss CGM.[2] CGM is strongly recommended for all persons with diabetes treated with intensive insulin therapy, defined as three or more injections of insulin per day or the use of an insulin pump (Grade A; high strength of evidence). It is noted that CGM may be recommended for individuals with type 2 diabetes who are treated with less intensive insulin therapy; however, the strength of evidence is lower (Grade B; intermediate strength of evidence).

The AACE consensus statement algorithm for management of adults with type 2 diabetes (2026) acknowledges that with the wider application of CGM, additional glucose parameters have been shown to correlate with type 2 diabetes outcomes.[3] Increased time-in-range has been shown to correlate with decreased microvascular complications. When available, these alternative glucose parameters can be incorporated for monitoring and adjustment of therapy. CGM is highly recommended to reach glycemic goals in adults with diabetes. CGM has provided a major advance in the treatment of people with all forms of diabetes mellitus. For those with type 2 diabetes, and who are taking basal insulin, clinical trials have shown that CGM is associated with increased time-in-range, improved HbA_{1c}, and decreased hypoglycemia, including severe hypoglycemic events. CGM is a valuable adjunct to type 2 diabetes treatment including for all individuals on multiple dose insulin (three or more injections/day) or an insulin pump as well as those who have frequent or severe hypoglycemia, nocturnal hypoglycemia, or hypoglycemia unawareness who would benefit from warnings regarding glucose trends. CGM may also prompt behavioral or lifestyle changes (e.g., increased physical activity, improved food choices), although further research is needed in this area.

An international consensus statement (2025) focusing on CGM and AID systems in pregnancy recognizes the benefit of CGM in patients with type 1 diabetes to meet glycemic targets during pregnancy and in the postpartum period.[8] Similar to the American Diabetes Association, the statement notes that the evidence for CGM in pregnant women with type 2 diabetes or gestational diabetes is limited, but observations indicated a potential for benefit.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of the targeted continuous glucose monitoring systems in this policy. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Automation: A patient who is established on a medication for glycemic control for at least 90 days, with prescription claims history demonstrating at least a 90-day supply of a medication for glycemic control was dispensed within the past 130 days, is allowed continuation of therapy.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of the continuous glucose monitoring systems in this policy is recommended in those who meet the following criteria:

1. Approve for 1 year if the patient is currently receiving a medication for glycemic control.

2. **Diabetes in a Pregnant Patient.** Approve for 9 months.
   Note: This includes type 1 diabetes, type 2 diabetes, or gestational diabetes.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of the continuous glucose monitoring systems in this policy is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. American Diabetes Association. Standards of care in diabetes – *Diabetes Care.* 2026;49(Suppl 1):S1-S371.
2. Grunberger G, Sherr J, Allende M, et al. American Association of Clinical Endocrinology clinical practice guideline: the use of advanced technology in the management of persons with diabetes mellitus. *Endocr Pract*. 2021;27(6):505-537.
3. Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology consensus statement: algorithm for management of adults with type 2 diabetes – 2026 update. *Endocr Pract.* 2026;32:473-518..
4. Simplera™ system user guide. Last updated May 25, 2025. Available at: https://www.medtronicdiabetes.com/download-library/simplera-sensor. Accessed on January 13, 2026.
5. Simplera Sync sensor user guide. Last updated October 1, 2025. Available at: https://www.medtronicdiabetes.com/download-library/simplera-sync-sensor. Accessed on January 13, 2026.
6. MiniMed Instinct sensor user guide. Last updated September 17, 2025. Available at: https://www.medtronicdiabetes.com/download-library/instinct-sensor. Accessed on January 13, 2026.
7. Medtronic continuous glucose monitors (CGM) comparison. Available at: https://www.medtronicdiabetes.com/customer-support/sensors-and-transmitters-support/compare-sensors. Accessed on January 13, 2026.
8. Benhalima K, Durnwalk C, Sweeting A, et al. Application of continuous glucose monitoring and automated insulin delivery technologies for pregnant women with type 1, type 2, or gestational diabetes: an international consensus statement. *Lancet Diabetes and Endocrinol.* 2025 Dec 17 [Online ahead of Print].
9. Guardian™ Sensor 3 user guide. Last updated June 18, 2025. Available at: https://www.medtronicdiabetes.com/download-library/guardian-sensor-3. Accessed on January 14, 2026.
10. Guardian™ Connect CGM System user guide. Available at: https://www.medtronicdiabetes.com/download-library/guardian-connect. Accessed on January 14, 2026.
11. Eversense® 365 user guide. Last updated November 2025. Available at: https://www.eversensecgm.com/user-guides/. Accessed on January 14, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Targeted Products:** Dexcom G4 Platinum Continuous Glucose Monitoring (CGM) System was removed. Guardian 4 CGM System was added. **Criteria:** The Note was updated to add prandial insulin regimen to the list of insulin regimens.	01/17/2024
Selected Revision	**Criteria:** A new criterion was added to address a patient at high risk of hypoglycemia. Initial Therapy. A patient with a recent (within the past 6 months) level 2 or level 3 hypoglycemia event may be approved. Patient Currently Receiving a Continuous Glucose Monitoring System. A patient currently receiving a continuous glucose monitoring system may continue to receive a continuous glucose monitoring system if they had a level 2 or 3 hypoglycemia event within the 6 months prior to the initial prescription.	09/25/2024
Annual Revision	**Targeted Products:** The following products were removed from the policy (obsolete): Dexcom G5 CGM system and Eversense CGM system. The following products were added to the policy: Freestyle Libre 2 Plus CGM system and Freestyle Libre 3 Plus CGM system. **Diabetes in a Pregnant Patient:** A new criterion for approval was added. This includes a patient with type 1 diabetes, type 2 diabetes, or gestational diabetes.	01/29/2025
Selected Revision	**Targeted Products:** Simplera, Simplera Sync, and MiniMed Instinct were added to the policy.	12/10/2025
Annual Revision	**Targeted Products:** Eversense 365, Freestyle Libre 14 day, and Guardian 3 were added to the policy.	01/21/2026
Selected Revision	**Policy Statement:** The targeting for the policy was updated to no longer allow continuation of therapy for a patient with a claim within the 365-day look back period. **Automation:** The automation applied to a patient with a claim for one insulin (any insulin) within the 130-day lookback period was removed. New automation was added to allow continuation of therapy for a patient who is established on a medication for glycemic control for at least 90 days, with prescription claims history demonstrating at least a 90-day supply of a medication for glycemic control was dispensed within the past 130 days. **Criteria:** Criteria were updated to approve for 1 year in a patient who is currently receiving a medication for glycemic control. The requirement that the patient is using an insulin regimen or that the patient is taking a medication for glycemic control other than insulin and accompanying criteria related to hypoglycemia were removed.	05/13/2026