NC Medicaid
Outpatient Pharmacy
Prior Approval Criteria
Systems (CGM) and Related Supplies

Effective Date: July 1, 2020
Amended Date: August 12, 2026

Therapeutic Class Code: Y9A
Therapeutic Class Description: Continuous Glucose Monitoring Systems and Supplies

Medications
Dexcom Continuous Glucose Monitoring System and Supplies- G6 and G7 Therapeutic Products
FreeStyle Libre, FreeStyle Libre 2, and FreeStyle Libre 3 Continuous Glucose Monitoring System and Supplies- Therapeutic Products

Eligible Beneficiaries
NC Medicaid (Medicaid) beneficiaries shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.

EPSDT Special Provision: Exception to Policy Limitations for Beneficiaries under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiaries under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.
EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

a. that is unsafe, ineffective, or experimental/investigational.
b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.
EPSDT and Prior Approval Requirements

a. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under

21 years of age does **NOT** eliminate the requirement for prior approval.

b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *Basic Medicaid Billing Guide,* sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:
https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

EPSDT provider page: https://medicaid.ncdhhs.gov/medicaid/get-started/find-programs-and-services-right-you/medicaid-benefit-children-and-adolescents

A typical Continuous Glucose Monitoring (CGM) system continuously measures glucose values in the interstitial fluid and consists of a glucose sensor, transmitter and receiver. Only CGM systems classified by the FDA as therapeutic will be considered for coverage under Outpatient Pharmacy Criteria. Coverage criteria for non-therapeutic CGM systems can be found at NC Medicaid Clinical Coverage Policy 5A-3 (Durable Medical Equipment benefit (DME)).

Therapeutic CGMs are approved by the FDA for use as non-adjunctive devices to replace information obtained from standard BGMs in making diabetes treatment decisions.

Criteria:

1. the beneficiary has a diagnosis of diabetes and requires insulin; **OR**
2. the beneficiary has a diagnosis of Type 1 diabetes but does not yet require insulin; **OR**
4. the beneficiary uses an external insulin pump; **OR**
5. the beneficiary has a diagnosis of gestational diabetes

Coverage for Dexcom G6 for ages 2 and older
Coverage for and Dexcom G7 (10 day) for ages 2 and older
Coverage for Dexcom G7 (15 day) for ages 18 and older
Coverage for FreeStyle Libre for ages 18 and older
Coverage for FreeStyle Libre 2 for ages 4 and older
Coverage for Feeestyle Libre 2 Plus for ages 2 years and older
Coverage for FreeStyle Libre 3 for ages 4 and older
Coverage for Freestyle Libre 3 Plus ages 2 and older

The initial prior authorization period will be for up to 12 months

For reauthorization, the beneficiary must continue to meet the above criteria. Reauthorizations are for up to 12 months.

Coverage criteria for non-therapeutic continuous glucose monitoring systems can be found at https://medicaid.ncdhhs.gov/providers/programs-services/medical/durable-medical-equipment

References

1. Dexcom Provider Website: https://provider.dexcom.com/ updated December 2025.
2. FreeStyle Libre Provider Website: https://www.myfreestyle.com/provider/?source=www.freestylelibre.us updated September 2024.

Criteria Change Log

07/01/2020	Criteria effective date
04/08/2021	Added coverage for FreeStyle Libre 2 for ages 4 and older
04/01/2022	Removed requirement for 4x/day Blood glucose monitoring and remove G5 (no longer available)
08/07/2023	Add Dexcom G7 and FreeStye Libre 3 and remove NC Health Choice language
03/01/2024	Removed the beneficiary requires two (2) or more insulin injections daily and the beneficiary's insulin treatment regimen requires frequent adjustment based on standard BGM or non-therapeutic CGM testing. Added coverage for gestational diabetes
08/12/2026	Removed requirement for caregiver training and face to face encounters, added Libre 2 Plus and Libre 3 Plus, removed reauthorization criteria. Changed insulin-dependent diabetes to diabetes that requires insulin and added coverage for Type 1 who don't yet require insulin