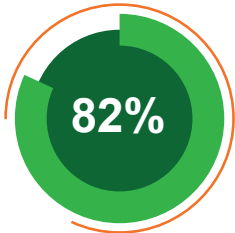
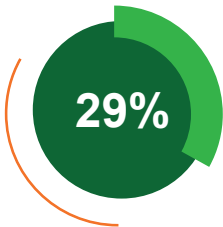


Reducing Friction in CGM Access: Prior Authorization Strategies for Payers

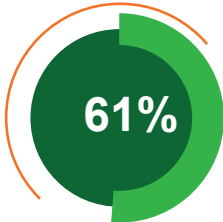
PA Impacts Patient Care and Outcomes



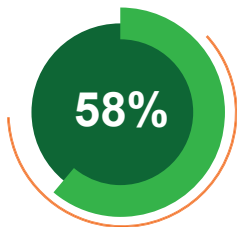
of physicians report that PA can lead to treatment abandonment¹



of physicians report that PA has led to a serious adverse event such as hospitalization, permanent impairment, or death¹



of physicians report that a PA has destabilized a patient whose condition was previously stabilized on a specific treatment plan¹



of physicians with patients in the workforce report that a PA has impacted patient job performance¹

PA Contributes to Administrative Burden



Physicians and their staff spend 13 hours/week (nearly two business days) on PAs¹



of physicians have staff who work exclusively on PAs¹



of physicians report that PA led to higher overall healthcare resource utilization¹

PA Trends Reveal Physicians Prescribe in Alignment with Medical Evidence²



were denied



of denials were appealed



of appeals were fully or partially overturned



of claims were deemed to be clinically warranted and appropriate

“As part of our effort to have the healthiest workforce in America, quarterly we look at our PA approval/denial metrics to see if there’s unnecessary administrative burden. The data didn’t indicate inappropriate prescribing of CGM, so we removed the PA.”

– Janelle Grubbs,
Senior Director of Clinical Services
& Operations, Kroger Prescription
Plans, Inc.

Aligning Coverage Criteria with Expert Recommendations for CGM

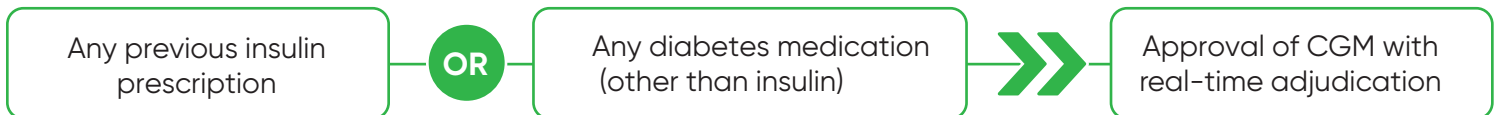
According to 2025 guidelines from the American Diabetes Association,³

- ✓ CGM **should be** offered to all adults with diabetes on any type of insulin therapy
- ✓ CGM can be **considered** in women with all types of diabetes in pregnancy
- ✓ CGM can be **considered** in adults with diabetes using glucose-lowering medications other than insulin

Expanded coverage of CGM from CMS recommends coverage for any insulin-treated beneficiary as well as those not on insulin but affected by problematic hypoglycemia⁴

Using Point-of-Sale Smart Edits to Streamline Appropriate Access

Point-of-sale smart edits use an automated look back in claims data:⁵



"THE POINT-OF-SALE EDIT IS IMPORTANT BECAUSE ANYTHING WE CAN DO FOR OUR MEDICARE MEMBERS TO MAKE IT EASIER AND LESS COMPLICATED, THE BETTER."

- Heather Mullins, PMP

Senior Clinical Program Manager, UnitedHealthcare



There is a Substantial Movement to Reform Cumbersome PA Practices⁶



Nearly a dozen states have passed laws to improve the PA process⁶

50+ Health Plans Commit to Simplifying Prior Authorization by 2026⁶

- Commercial
- Medicare
- Medicaid

Participating health plans commit to 6 actions to improve prior authorization for patients and providers:⁶

- Standardizing Electronic Prior Authorization
- Reducing the Scope of Claims Subject to Prior Authorization
- Ensuring Continuity of Care When Patients Change Plans
- Enhancing Communication and Transparency of Determinations
- Expanding Real-Time Responses
- Ensuring Medical Review of Non-Approved Requests

References

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2. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/over-35-million-prior-authorization-requests-were-submitted-to-medicare-advantage-plans-in-2021/>
3. American Diabetes Association. Diabetes Care. 2025; 48(Suppl. 1): S1-S5
4. Glucose Monitors L33822. Centers for Medicare & Medicaid Services. Accessed February 2023. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822>
5. Pathak S, et al. Impact of Expanding Access to Continuous Glucose Monitoring Systems Among Insulin Users with T1 or T2D. Diabetes Technol Ther. 2023;25(3):169-177
6. American Medical Association. <https://www.ama-assn.org/practice-management/prior-authorization/10-states-have-tackled-prior-authorization-so-far-2024>