

Health Technology Clinical Committee

Findings and Decision

Topic: Continuous glucose monitoring- re-review

Meeting date: January 19, 2018

Final adoption: March 16, 2018

[Meeting materials](#) are available on the HTA website.

Number and coverage topic:

20180119B - Continuous glucose monitoring

HTCC coverage determination:

Continuous glucose monitoring is a **covered benefit with conditions**.

This determination does not pertain to closed loop or artificial pancreas.

HTCC reimbursement determination:

Limitations of coverage:

Continuous glucose monitoring is covered for children/adolescents less than 19 years old, adults with Type 1 diabetes, and adults with Type 2 diabetes who are:

- Unable to achieve target HbA1C despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day), OR
- Suffering from one or more severe (blood glucose < 50 mg/dl or symptomatic) episodes of hypoglycemia despite adherence to an appropriate glycemic management plan (intensive insulin therapy; testing blood glucose 4 or more times per day), OR
- Unable to recognize, or communicate about, symptoms of hypoglycemia.

Continuous glucose monitoring is covered for pregnant women with:

- Type 1 diabetes, OR
- Type 2 diabetes and on insulin prior to pregnancy, OR
- Type 2 diabetes and blood glucose does not remain well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) on diet and/or oral medications during pregnancy and require insulin, OR
- Gestational diabetes whose blood glucose is not well controlled (HbA1C above target or experiencing episodes of hyperglycemia or hypoglycemia) during pregnancy and require insulin.

Non-covered indicators: N/A

Agency contact information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

FINAL

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on Continuous glucose monitoring (CGM) is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of Continuous glucose monitoring compared to self-monitoring with conventional meters and other study methods (i.e. sham CGM). The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover Continuous glucose monitoring with conditions.

	Not covered	Covered under certain conditions	Covered unconditionally
Continuous glucose monitoring	0	9	0

Discussion

The committee reviewed and discussed the available studies of Continuous glucose monitoring. Details of study design, inclusion criteria, outcomes, technology used and other factors affecting study quality were discussed. A majority of committee members found the evidence sufficient to determine that select use of Continuous glucose monitoring was equivalent for safety and equivalent for effectiveness compared to alternatives for some conditions. A majority of the committee voted to cover with conditions, Continuous glucose monitoring.

Limitations

N/A

Action

The committee checked for availability of a Medicare national coverage decision (NCD). Medicare does not have an NCD on CGM systems.

The committee discussed clinical guidelines identified for Continuous glucose monitoring from the following organizations:

- American Diabetes Association (ADA) Standards of Medical Care in Diabetes, (2017).
- Joslin Diabetes Center and Joslin Clinic Clinical guideline for adults with diabetes (2015, revised 2017).
- Endocrine Society Clinical Practice Guideline Diabetes Technology—Continuous Subcutaneous Insulin Infusion Therapy and Continuous Glucose Monitoring in Adults: An Endocrine Society Clinical Practice Guideline, (2016).
- American Association of Clinical Endocrinologists and American College of Endocrinology Clinical Practice Guidelines for Developing a Diabetes Mellitus Comprehensive Care Plan, (2015).

- Endocrine Society Clinical Practice Guideline Diabetes and pregnancy, (2013).
- Endocrine Society Clinical Practice Guideline Continuous Glucose Monitoring, (2011).
- NICE National Clinical Guideline Centre, Integrated sensor-augmented pump therapy systems for managing blood glucose levels in type 1 diabetes (the MiniMed Paradigm Veo system and the Vibe and G4 PLATINUM CGM system), (2016).
- NICE National Clinical Guideline Centre Type 1 diabetes in adults: diagnosis and management, (2015).
- National Collaborating Centre for Women and Children's Health Diabetes (Type 1 and Type 2) in children and young people: diagnosis and management, (2015).
- National Collaborating Centre for Women and Children's Health Diabetes in pregnancy: management of diabetes and its complications from preconception to the postnatal period, (2015).
- Wright et al, A Practical Approach to the Management of Continuous Glucose Monitoring (CGM) / Real-Time Flash Glucose Scanning (FGS) in Type 1 Diabetes Mellitus in Children and Young People under 18 Years, (2017).
- Choudhary et al, Evidence-Informed Clinical Practice Recommendations for Treatment of Type 1 Diabetes Complicated by Problematic Hypoglycemia (2015).
- Working Group of the Clinical Practice Guidelines on Diabetes Mellitus Type 1: Clinical practice guidelines for diabetes type 1, (2012).The committee's determination is consistent with these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on use of Continuous glucose monitoring for public comment; followed by consideration for final approval at the next public meeting.

Health Technology Clinical Committee Authority:

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Director.