

Addition of continuous glucose monitors for adults to Alberta government-sponsored plans

Effective **December 16, 2024**, continuous glucose monitors (CGMs) for **adult patients (≥18 years of age)** will be added to the *Alberta Drug Benefit List (ADBL)* as a restricted benefit (for Abbott and Dexcom CGM products) and special authorization benefit (for Medtronic CGM products). Adult and pediatric patients on Alberta government-sponsored drug programs will be eligible to receive coverage for CGMs, provided they meet the following criteria:

Abbott and Dexcom CGM products

Pediatric patients (Restricted Benefit)

- are under 18 years of age; and
- have been diagnosed with diabetes and require ongoing use of any insulin therapy or insulin pump therapy.

Adult patients (Restricted Benefit)

- are 18 years of age and older;
- have been diagnosed with diabetes; and
- meet one or more of the following criteria:
 - require ongoing insulin pump therapy; OR
 - require a basal insulin AND a bolus insulin; OR
 - require a premixed insulin.

Medtronic CGM products

Pediatric patients (Restricted Benefit)

- are under 18 years of age; and
- have been diagnosed with diabetes and require ongoing use of any insulin therapy or insulin pump therapy.

Adult patients (Special Authorization Benefit)

- are 18 years of age and older;
- have been diagnosed with diabetes; and
- require ongoing use of insulin pump therapy with Medtronic pumps.

For restricted benefits of the CGM products, confirmation that the patient is currently and regularly being treated with prerequisite insulin(s) will be required for coverage. Alberta Blue Cross will review the previous 8 months of the patient's prescription claims history to validate that there has been a claim paid for the prerequisite insulin(s).

Intervention code

Due to system functionality, some claims for Restricted Benefits will initially be returned with a rejection message. This may occur for eligible patients (pediatric and adult) whose claims do not reflect a history of the required insulin therapy within the previous 8 months. For example, this may occur for patients who recently started insulin therapy, Insulin Pump Therapy

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Program patients newly enrolled into Alberta government-sponsored drug programs, and patients with history of insulin therapy through private plans.

If the patient meets the Restricted Benefit Criteria, the pharmacist must use the intervention code **MZ – required prior therapy documented** to re-submit a claim. The pharmacist is responsible to document on the patient’s record that they meet the Restricted Benefit Criteria and the rationale for using this code.

Rejection codes

If the coverage criteria for a CGM is not met, the claim may be rejected with the following response codes:

Rejection code	Explanation
CD – patient not entitled to drug claimed	The patient does not meet one or more of the coverage criteria.
C5 – plan maximum exceeded	the patient has exceeded the quantity limit for the benefit year.

Special authorization is required for adult patients (≥18 years of age) requesting Medtronic CGM products. If a claim for these products is submitted without a special authorization request, it will be returned with a rejection message of **CD – patient not entitled to drug claimed**.

Eligible benefits

Eligible Albertans will be able to obtain coverage for CGMs up to a quantity limit for each component, within each benefit year. The quantity limit will reset at the beginning of each benefit year. These limits are based on the manufacturer recommended quantities for each component.

Please note coverage will not be provided for more than one type of CGM device per benefit year.

PIN	Product description	Quantity limit
00999709	Dexcom G6 Sensor	37 per benefit year
00999708	Dexcom G6 Transmitter	4 per benefit year
00999700	Dexcom G7 Sensor	37 per benefit year
00999699	Dexcom G7 Receiver	1 per benefit year
97799075	FreeStyle Libre 2 Sensor	26 per benefit year
97799074	FreeStyle Libre 2 Reader	1 per 3-year period
00999712	Guardian Sensor	52 per benefit year
00999710	Guardian Link Transmitter (670G pump)	1 per benefit year
00999711	Guardian Link Transmitter (770G and 780G pump)	1 per benefit year
00999722	Guardian Connect Transmitter	1 per benefit year
00999686	Guardian 4 Transmitter (780G pump)	1 per benefit year
00999687	Guardian 4 Sensor (780G pump)	52 per benefit year

Once the patient has claimed the maximum quantity of a CGM component for the benefit year, any additional claims within the same benefit year will be rejected with the CPhA code **C5 – plan maximum exceeded**.

The payment eligibility will be the cost of the product—Manufacturer List Price (MLP) or Base Price—and Allowable Upcharge #1 plus a 10 per cent markup (Allowable Upcharge #2) and no additional charges.

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Allowable Upcharge #2 must be modified to reflect a 10 per cent markup of the aggregate of the MLP or Base Price and Allowable Upcharge #1 for claims for any CGM.

Any claims that exceed these parameters will be rejected. Should a dispensing fee be claimed, it will be rejected with the response code **OL – maximum allowable dispensing fee exceeded**. If the Upcharge exceeds the allowable 10 per cent markup, the claim will be rejected with the response code **SE – maximum allowable upcharge exceeded**.

Please refer to the *Reference Guide for Alberta Pharmacies* for claiming upcharges.

Coverage limits for blood glucose test strips (BGTS)/diabetes supplies

The use of a CGM reduces or eliminates the need for blood glucose test strips. Patients who receive funding for a CGM will have reduced coverage limits for blood glucose test strips, which still provide for occasional use. **Effective December 16, 2024**, the following coverage maximums for BGTS and diabetes supplies will apply for CGM claimants:

- CGM claimants with **Non-Group Coverage** (Group 1); **Coverage for Seniors** (Group 66); or **Palliative Coverage** (Group 20514) will have coverage for eligible **diabetes supplies up to a maximum of \$320** for each benefit year.
- CGM claimants with **Alberta Human Services Coverage** will have coverage for eligible **BGTS up to a maximum of 400 strips** for each benefit year.
 - Human Services Coverage includes Child and Family Services (Group 20403); Alberta Child Health Benefit (Group 20400); Children and Youth Services (Group 19824); Income Support (Group 19823); Assured Income for the Severely Handicapped (AISH) (Group 19823) or Alberta Adult Health Benefit (AAHB) (Group 23609)

It is recommended that health providers inform patients of these maximums before providing a CGM.

Interactive Drug Benefit List

For the complete list of eligible products for government-sponsored drug plans, please refer to the online *interactive Drug Benefit List (iDBL)* available at ab.bluecross.ca/dbl/idbl_main1.php. This is a near real-time application and, as such, contains the most up-to-date information for eligible products for government-sponsored drug programs.

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at

780-498-8370 (Edmonton and area)

403-294-4041 (Calgary and area)

1-800-361-9632 (toll free)

FAX 780-498-8406 (Edmonton and area)

FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct bill drug claims.

Visit ab.bluecross.ca/providers/pharmacy-home.php

