Frequently asked questions (FAQ)

Continuous Glucose Monitors (CGMs): Frequently Asked Questions

Section 1: Important Information

1. What's changing with CGM coverage?
    - Effective **Mar 1, 2026**, we are moving CGMs from medical supplies and equipment provisions to drug benefits under extended health benefits to ensure consistency and harmonization across the plans.

2. What products are considered CGMs?
    - In the past, Glucose monitoring devices were split into two categories: Continuous Glucose monitors (CGMs) and Flash Glucose Monitors (FGMs). With new technology, these devices now work very similarly, so they are being grouped together under the term "CGMs".
    - Continuous Glucose monitors (CGMs) include devices such as Dexcom, FreeStyle Libre and Guardian

3. Will plan members need to switch pharmacies?
    - No, plan members making a claim can continue to use their current pharmacy, provided it is able to dispense CGM devices and supplies.

Section 2: About Continuous Glucose Monitors (CGMs)

4. Does this change affect all CGM devices and related supplies (e.g., readers, transmitters, and sensors)?
    - Yes. CGMs and all related supplies will be covered under drug benefits and will be subjected to drug benefit plan parameters.

5. What is the rationale behind implementing these changes?
    - These changes are being implemented to simplify and standardize the process for claimants to access and claim CGMs. The changes align with evolving market and provincial standards while ensuring consistent eligibility and effective cost management.

6. What market trends influenced this update?
   The decision to harmonize CGM coverage and shift it to the drug benefit is driven by several key market trends:
    - Converging cost and functionality: CGMs and FGMs now have similar cost and performance, with advancements making them equally effective for diabetes management.
    - Industry shifts to pharmacy benefits: The industry is shifting CGM coverage to pharmacy benefits for streamlined access and lower costs.
    - Increased demand for simplified access: Claimants expect easier access to diabetes drug and supplies.

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Section 3: The Member Experience

7. What is the impact of the change to plan members?
    - Claimants will be able to access CGMs through the pharmacy of their choice. By transitioning coverage from medical services and equipment to the drug benefit, we have simplified the claims process. This change may reduce up-front out-of-pocket costs for many plan members while ensuring a predictable and consistent experience for all.

8. Who will be eligible for CGM coverage? How will eligibility be validated**?**
    - All claimants diagnosed with diabetes who are taking medication to treat diabetes will be eligible for CGM coverage.

      The Pharmacy Benefit Manager (PBM) system will validate eligibility. Eligibility will be based on the use of insulin or any other non-insulin diabetic medication. The system will confirm eligibility by reviewing the claimant's diabetes medication claims from the past 180 days.

      In rare instances where the system cannot validate the use of diabetic medication, we have established a manual verification process to ensure eligible claimants receive coverage:
        - Claimant to download and complete the CGM authorization form.
        - Once the completed form is returned to Sun Life, along with the proof of eligibility (which may include receipt of a diabetes drug claim, pharmacy printout, or doctor's note confirming diagnosis), coverage will be reviewed and approved manually, if eligibility is confirmed.

9. Is it possible for claimants to access more than one CGM brand under the plan?
    - Claimants have flexibility to choose the CGM brand that best meets their needs, if they meet the specific eligibility criteria for that device. It is important to note that the plan maximum for CGMs will be applied to all devices claimed, regardless of the brand. This approach provides choice to claimants while also maintaining long-term sustainability and best managing overall plan costs.

10. Which claimants will be impacted, and will they be notified by Sun Life?
    - Plan members, or their dependents, who have made a CGM claim in the past 180 days will be impacted. Sun Life will notify the plan member directly about the change.

Section 4: Advisor and Plan Sponsor Questions

11. How will this affect plan costs?
    - These changes will not increase the plan costs. We are simply adjusting how Continuous Glucose Monitors (CGMs) are covered within the existing drug plan. The overall plan design, maximum, and total costs remain the same.

12. How will this change affect plan sponsors financially, and will it impact the rates?
    - The CGM program is designed to deliver significant value without a negative financial impact on plan sponsors. There will not be any rate changes as a result of this change.

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The goal is to improve the claimant experience and maintain plan sustainability without an immediate increase in rates.

13. How do these changes help plan sustainability?
    - The CGM program is designed to enhance plan sustainability in several ways:
        - Clinical Appropriateness: Ensures glucose monitoring technology is used where there is a clear medical need — primarily for diabetes management.
        - Sustainability: Helps manage long-term affordability of benefits by reducing off-label or unintended use.
        - Clarity for plan members and plan sponsors: simplifies benefit messaging and expectations for both plan members and plan sponsors.

14. What is the combined maximum?
    - The combined maximum refers to the total expense limit for Continuous Glucose Monitors (CGMs) and all related supplies. This maximum is based on the existing CGM expense maximum in the plan.

15. How can a plan sponsor with a low drug maximum manage the impact of CGM coverage?
    - Plan sponsors can speak to their Group Benefits representative to review the plan sponsor's current plan design and to explore options like increasing the drug maximum.

16. How will the coverage for CGMs be determined?
    - The coverage for CGMs will align with the existing parameters of the drug benefit plan. These parameters typically include coinsurance, sliding copay, annual/lifetime maximums, deductibles, and/or dispensing fees.

17. What updates are being made to contracts?
    - Contracts are being revised to reflect the updated coverage placement from medical services and equipment benefit to drug benefit, and to provide clear wording regarding the terms that apply to drugs, supplies, or both.

18. Aren't the changes to the drug evaluation program a product change?
    - Yes. In our drug evaluation program we review new drugs and new uses for existing drugs approved by Health Canada. The current program allows Sun Life to hold drugs when there's a change to their price. We broadened the scope of the program by adding supplies to the evaluation program. With the addition of supplies, we capture more circumstances that could affect our evaluation of either or both drugs and supplies. All changes are needed to keep our plans sustainable. They enhance the current program and ensure it remains aligned with changes to the market. This ensures that we provide a comprehensive solution to manage plan sponsor needs, including cost containment. .

19. Can a plan sponsor keep their old drug evaluation program?
    - No, a plan sponsor cannot keep their old drug evaluation program because we need to apply uniform standards for holding, declining, and approving the listing of the same drugs and supplies across all Sun Life benefit plans.

20. Do plan sponsors need to act?
    - No action is required from plan sponsors.

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Questions?

Contact your Sun Life Group Benefits representative.