

**PRIOR AUTHORIZATION CRITERIA FOR APPROVAL**

**Preferred therapeutic CGMs include Dexcom and Freestyle Libre  
PA applies to non-preferred products only**

**Non-preferred continuous glucose monitoring (CGM) systems** will be approved when ALL of the following are met:

1. The patient has diabetes mellitus  
**AND**
2. ONE of the following:
  - A. The prescriber has indicated that the patient had an in-person visit or telehealth visit to evaluate their diabetes condition within six (6) months prior to ordering the CGM  
**OR**
  - B. If previously approved through the plan's Prior Authorization criteria, the prescriber has indicated that the patient has had an in-person visit or telehealth visit to assess adherence to their CGM regimen and diabetes treatment plan  
**AND**
3. The prescriber has indicated the patient has failed or has limitations of use to the preferred CGMs

**Length of approval:** 12 months

**NOTES:**

- See LCD L33822 for additional coverage criteria