



## Medicare Non-Preferred Continuous Glucose Monitors (CGM) Step Criteria

### Target Agents

All non-preferred continuous glucose monitors (CGM)

### Prior Authorization Criteria for Approval

Non-preferred continuous glucose monitors will be approved when ALL of the following is met:

1. The patient must meet Medicare's Local Coverage Determination (LCD) L33822 – Glucose Monitors AND
2. The prescriber has indicated that patient has failed or has limitations to ALL of the preferred continuous glucose monitors

Length of Approval: 12 months

### References

Local Coverage Determination (LCD) L33822 – Glucose Monitors