Louisiana Medicaid
Continuous Glucose-Monitoring (CGM) Devices

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for continuous glucose-monitoring (CGM) devices.

Additional Point-of-Sale edits may apply.

Approval Criteria

- The recipient has **ONE** of the following (must be **stated on the request**):
  - Any type of diabetes with the use of insulin more than two times daily; **OR**
  - Gestational diabetes with the use of insulin more than one time daily; **OR**
  - Evidence of level 2 (moderate) or level 3 (severe) hypoglycemia; **OR**
  - Glycogen storage disease type 1a; **AND**
- If the request is for a non-preferred continuous glucose monitor - **ONE** of the following is required: (Documentation of one of the following must be **stated on the request**)
  - The recipient is continuing use of a non-preferred continuous glucose monitor; **OR**
  - The recipient has had a trial (device samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance of one preferred continuous glucose monitor; **OR**
  - The recipient has limitations of use to the preferred continuous glucose monitor(s); **OR**
  - The recipient is utilizing an insulin pump that is only compatible with a non-preferred continuous glucose monitor.

Reauthorization Criteria

- The recipient continues to meet initial criteria; **AND**
- The prescriber **states on the request** that the recipient has attended a follow-up visit with a healthcare provider to assess the on-going benefits.

Duration of initial and reauthorization approval: 6 months

Revision / Date	**Implementation Date**
Policy Created / May 2023	October 2023