

Certificate of Medical Necessity: Abbott FreeStyle Libre systems

**FreeStyle Libre 2 & FreeStyle Libre 3
Continuous Glucose Monitoring Supplies (CGM) Colorado Medicaid
Letter**

Date	
Patient Name	
Date of Birth	

We are seeking to continue to better manage this patient's diabetes by using the FreeStyle Libre (Libre 2 or Libre 3) continuous glucose monitor system.

This patient:

- Self-monitors blood glucose a minimum of 3 times per day
- Uses an insulin pump or MDI a minimum of 3 times per day or administers insulin continuously via pump
- Requires frequent adjustment of insulin dosage
- Has received education specific to the use of therapeutic CGM
- Is able to hear & view the CGM alerts and respond accordingly, or has a caregiver able to do so
- Had an in-person or telehealth visit within the last 6 months with the treating clinician to evaluate diabetes control
- Provider has verified the patient meets the manufacturer's recommendations for appropriate age range, testing and calibration requirements, etc.
- Or patient has otherwise qualifying circumstances or otherwise deemed medically necessary

The patient and I are requesting these continuous glucose monitoring supplies be approved to continue to help improve their glycemia and thus their long-term quality of life as someone diagnosed with diabetes.

Clinician Name (Printed): _____

Clinician Signature: _____

NPI: _____

Date: _____