

These criteria apply to the following:			
<input checked="" type="checkbox"/> ACF	<input checked="" type="checkbox"/> SF	<input checked="" type="checkbox"/> MMT	<input checked="" type="checkbox"/> Aetna FI ACF
<input checked="" type="checkbox"/> ACFC	<input checked="" type="checkbox"/> SFC	<input checked="" type="checkbox"/> Marketplace (MF)	<input checked="" type="checkbox"/> Aetna FI ACFC
<input checked="" type="checkbox"/> ACCF	<input checked="" type="checkbox"/> SCCF	<input type="checkbox"/> Aetna SG ACA (Aetna Health Exchanges)	<input type="checkbox"/> Aetna FI SOO
<input type="checkbox"/> BC	<input checked="" type="checkbox"/> VF	<input type="checkbox"/> Aetna IVL	
<input type="checkbox"/> BCC	<input checked="" type="checkbox"/> VFC		

## MEDICAL NECESSITY CRITERIA

### DRUG CLASS

### CONTINUOUS GLUCOSE MONITORS

**Status: CVS Caremark® Criteria**

**Type: Medical Necessity Criteria**

### POLICY

#### COVERAGE CRITERIA

The requested continuous glucose monitor system and associated components will be covered with prior authorization when the following criteria are met:

- The patient cannot be treated with a formulary product (Available Formulary Alternative: Dexcom continuous glucose monitor)

#### **AND**

- There is a clinical reason why the patient cannot be treated with the formulary product. Documentation is required for approval.

Duration of Approval (DOA):

- 4510-A: DOA: 12 months

#### REFERENCES

N/A