

Gateway Health
Prior Authorization Criteria
Freestyle Libre™ Continuous Glucose Monitor

All requests for Brand Name (generic medication) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Drug Name Prior Authorization Criteria:

For all requests for Freestyle Libre™ Continuous Glucose Monitor all of the following criteria must be met:

- Concurrent use of insulin treatment or history of insulin utilization within the last 90 days.
- **Initial Duration of Approval:** 12 months*
- **Reauthorization criteria**
 - Member continues to be on insulin treatment.
 - **Reauthorization Duration of Approval:** 12 months

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.