

RYAN WHITE PROGRAM
Letter of Medical Necessity for
Continuous Glucose Monitoring (CGM) Devices
Dexcom ~~G6~~ or FreeStyle ~~Libre 2~~

Client's Full Name

~~Prescriber Full Name~~ Date of Birth

~~Preferred Name~~ Prescriber Full Name

Prescriber License# (M.D., D.O., P.A., A.P.R.N)

~~Date of Birth~~ Prescriber Telephone #

~~Prescriber Telephone #~~

I certify my client has the following diagnosis (please check ONE), requires a continuous glucose monitoring device, and meets all the following criteria:

- 1) ~~Diabetes~~Insulin treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and
- 2) ~~Insulin~~Diabetes treatment regimen requires frequent adjustment based on blood glucose meters or continuous glucose monitors; and
- 3) Six months prior to ordering (CGM), I have had an in-person visit with the client to evaluate their diabetes control.

Type I diabetes mellitus
 Dexcom*~~G6~~ or FreeStyle*~~Libre 2~~

Type II diabetes mellitus
 FreeStyle*~~Libre 2~~

***The most cost-effective version must be selected. If the client wishes to use their smart phone, no reader is required.**

Every six months following receipt of the initial prescription for the CGM, I will have an in-person visit with the client to assess adherence to their CGM regimen and diabetes treatment plan.

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and

medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Approved 5/16/2022;Revised xx/xx/2025~~6~~

DRAFT