Prior Authorization Request 2810 N. Parham Road Suite 305 Henrico, VA 23219	**ColoradoPAR Program** Medical Review Department	Phone: 1-720-689-6340 Fax: 1-800-922-3508

QUESTIONNAIRE #20 CONTINUOUS GLUCOSE MONITORS (CGM) WITH NO NDC

Member Name		**Health First Colorado ID #**	

Length of Need		**End Date**		**Height**		**Weight**	

The information requested below is required to determine the use of CGM products that do not have a National Drug Code (NDC). Complete this form and attach to the completed Prior Authorization Request (PAR) and to the Claim.

1. What is the manufacturer of the CGM?	
2. What is the model name and number of the CGM?	**Model Name:** **Model Number:**
3. If no NDC is available, please provide documentation such as a manufacturer product insert, invoice, or screenshot from the FDA Device Database.	
4. If unable to provide documentation as described in Question 3, please explain why this specific CGM product is being used instead of an alternative product with an NDC. Include any clinical, availability, or coverage-related considerations.	

Print Supplier Name _____

Supplier Signature _____

Date _____