

Professional Society Positioning Statements on

Continuous Glucose Monitoring (CGM) System Benefits and Use Recommendations

Consensus statements from endocrine experts have now become more specific on the demonstrated benefits of CGM. Professional societies have broadened their recommendation of CGM and its application in patient care protocols in Type 1 and Type 2 diabetes patients, from pediatrics to adults, insulin-users and those on oral anti-diabetic agents (OAs).

American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology

	2010 Recommendations ¹	2016 Recommendations ²
Adults	<ul style="list-style-type: none"> Type 1 with hypoglycemic unawareness or frequent hypoglycemia; A1C over target Type 2 should only utilize professional CGM systems to evaluate treatment plan and patient's glucose control 	<ul style="list-style-type: none"> All patients with Type 1, especially those with severe hypoglycemia and hypoglycemia unawareness All Type 2 patients who take multiple insulin injections, basal insulin or sulfonylureas and who are at risk for hyperglycemia, hypoglycemia or hypoglycemia unawareness.
Pediatrics	Type 1 who have achieved A1C levels of <7% or those >7% who can wear the CGM daily	All pediatric patients with Type 1, especially those with severe hypoglycemia and hypoglycemia unawareness.
Conclusions	More research should be performed to determine which patients are the best candidates for CGM.	<ul style="list-style-type: none"> CGM usage has improved clinical diabetes outcomes by reducing hypoglycemia. CGM should be used in all patients who have severe hypoglycemia or hypoglycemia unawareness. Consensus of experts call for wider use of CGM and emphasizes the need for additional studies that can address efficacy and cost.

American Diabetes Association

	2007-2013 Recommendations ³	2016 Recommendations ⁴
Adults	Patients with A1C <7% and useful in those with hypoglycemia unawareness or frequent hypoglycemic episodes.	Patients with Type 1 diabetes and those with hypoglycemia unawareness or frequent hypoglycemic episodes.
Adults (ages 65+)	N/A	Patients who have been successfully using CGM should continue to have access after age 65.
Pediatrics	Reduces glycemic excursions, if used correctly.	Reduces glycemic excursions and has shown to reduce missed school days with >70% usage.
Conclusions	CGM is an evolving technology and a potential tool in lowering A1C.	CGM used in conjunction with intensive insulin therapy is a useful tool to lower A1C in adults (ages ≥25 years) with Type 1 diabetes and can be helpful in lowering A1C in children, teens and younger adults .

Endocrine Society

	2011 CGM Clinical Practice Guideline Recommendations ⁵	2016 CGM Clinical Practice Guideline Recommendations ⁶
Adults	Type 1 with A1C of >7 who are able to wear device on a daily basis, or who experience hypoglycemia.	<ul style="list-style-type: none"> All Type 1 who have an A1C above target and are willing to wear device on a daily basis. Short-term use in Type 2 patients who have A1C levels >7%.
Pediatrics	Type 1 who can wear CGM on a nearly daily basis.	N/A
Conclusions	CGM can be beneficial in maintaining target levels of glycemia and limiting the risk of hypoglycemia.	CGM has an important role in the treatment of diabetes. Existing studies support the use of diabetes technology for a wide variety of indications.

Medicare Bill Recommendations

	2014 Medicare Bill S.2689	2015 Medicare Bill S.804 HR.1427
Adults (ages 65+)	All patients who: <ul style="list-style-type: none"> Take multiple daily injections or use an insulin pump Unable to achieve glycemic control Had previously been using CGM 	All patients who: <ul style="list-style-type: none"> Take multiple daily injections or use an insulin pump Unable to achieve glycemic control Had previously been using CGM

BRIEF SAFETY STATEMENT

The Dexcom G5 Mobile Continuous Glucose Monitoring System (the "System") is a glucose monitoring system indicated for detecting trends and tracking patterns in persons (age 2 years and older) with diabetes. **CONTRAINDICATIONS** Remove the System (sensor, transmitter, and receiver) before Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scan, or high-frequency electrical heat (diathermy) treatment. The System is MR Unsafe. Do not bring any portion of the System into the MR environment. Taking acetaminophen while wearing the sensor may falsely raise your sensor glucose readings. **WARNING** Do not use the System for treatment decisions. The System does not replace a blood glucose meter. The System is not approved for use in pregnant women, persons on dialysis or critically ill persons. If a sensor breaks and no portion of it is visible above the skin, do not attempt to remove it. Seek professional medical help if you have infection or inflammation. Report broken sensors to Dexcom Technical Support. Sensor placement is not approved for sites other than under the skin of the belly (ages 2 years and older) or upper buttocks (ages 2-17 years). Your smart device's internal settings override your Dexcom app settings. Accessory devices (like a smart watch) might override your smart device's alert and notification settings. The Share feature must be turned "On" with an active internet connection to communicate glucose information to a Follower. The Follower must download and install the Dexcom Follow App onto a separate smart device with an active internet connection to receive data. **Contact Dexcom Toll Free at 877-339-2664 or www.dexcom.com for detailed indications for use and safety information.**

References

1. CGM Position Statement, *Endocr Pract.* 2010;16(No. 2) 3,7,9.
2. AACE/ACE GM Consensus Statement, *Endocr Pract.* 2016;22(No. 2) 239,254.
3. American Diabetes Association. (2005-2013). Standards of Medical Care. *Diabetes Care.*
4. American Diabetes Association. (2016). Glycemic Targets. Standards of Medical Care. *Diabetes Care*, S39-S40
5. Klonoff D, Buckingham, B, et al. Continuous Glucose Monitoring: An Endocrine Society Clinical Practice Guideline. *Journal of Clinical Endocrinology & Metabolism.* 2011 Oct; 96 (10); 2968-2979.
6. S.804 Medicare CGM Access Act of 2015, 4. www.congress.gov/bill/114th-congress/senate-bill/804

©2016 Dexcom Inc. All rights reserved.
For more information, visit dexcom.com