

Guideline recommendations for continuous glucose monitoring (CGM) use in clinical practice

Based on American Diabetes Association¹⁻⁵ (ADA) and American Association of Clinical Endocrinology⁶ (AACE) clinical standards

CGM is recommended for:

- All people with diabetes using insulin*2,4,6
- Individuals at high risk of hypoglycemia³
- People with T1D who are pregnant⁵
 - CGM may also be beneficial for other types* of diabetes in pregnancy (i.e., T2D and gestational diabetes)

Consider CGM in adults with T2D using non-insulin therapy*2 Compared to BGM, CGM is associated with^{2,7}:

- Greater A1C reductions
- Less time in hypo- and hyperglycemia
- · Higher patient satisfaction

CGM serves an increasingly important role in optimizing the effectiveness and safety of treatment in many people with T1D, T2D, or other forms of diabetes³

CGM should be offered at time of diagnosis for T1D*2

BGM=blood glucose monitoring; T1D=type 1 diabetes; T2D=type 2 diabetes

1. ADA (Children and Adolescents). Diabetes Care (2025): https://doi.org/10.2337/dc25-S014. 2. ADA (Diabetes Technology). Diabetes Care (2025): https://doi.org/10.2337/dc25-S007. 3. ADA (Glycemic Goals and Hypoglycemia). Diabetes Care (2025): https://doi. org/10.2337/dc25-S006. 4. ADA (Older Adults). Diabetes Care (2025): https://doi.org/10.2337/dc25-S013. 5. ADA (Management of Diabetes in Pregnancy). Diabetes Care (2025): https://doi.org/10.2337/dc25-S015. 6. AACE. Endocrine Practice (2022): https:// doi.org/10.1016/j.eprac.2022.08.002. 7. Ferreira, R. O. M. Diabetes Technology and Therapeutics (2024): https://doi.org/10.1089/ dia.2023.0390.



^{*}Indicates new 2025 update.

A1C and/or CGM metrics are recommended to assess glycemic status, which should be done at least 2-4x per year¹

Assessment methods

Recommended

A1C

Assessment range¹

• 2-3 months of average glycemia

Data gained¹

· Average glycemia

Limitations¹

- Does not provide a measure of glycemic variability or hypoglycemia
- Inaccuracies from certain conditions (e.g., anemia)

CGM

Assessment range¹

10-14 days minimum of CGM metrics

Data gained^{1,2}

- Times in range (TIR), above range, and below range (helping to identify glycemic trends and patterns)
- Glucose management indicator: Calculated value approximating A1C (not always equivalent)
- Glycemic variability (measures glycemic excursions)

BGM

Assessment range³

 6-10x fingersticks minimum daily among patients using intensive insulin therapy (individual needs may vary)

Data gained³

Glucose level at the time of testing

Limitations³

- Differences in accuracy exist among BGM devices
- Meters may not meet the current standard

TIR, and especially mean CGM glucose, correlates with A1C; mean CGM glucose is the mean of glucose values^{1,4-6}.

Discordant results between A1C and BGM or CGM can occur due to¹:

- High glycemic variability
- Inaccurate BGM or CGM measurement
- or Inaccurate A1C due to certain conditions

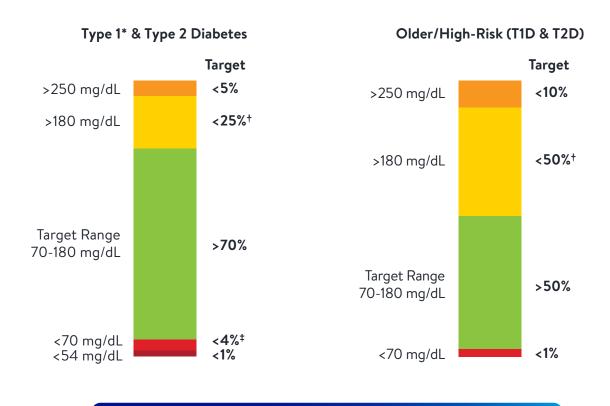
1. ADA (Glycemic Goals and Hypoglycemia). *Diabetes Care* (2025): https://doi.org/10.2337/dc25-S006. **2.** AACE. *Endocrine Practice* (2022): https://doi. org/10.1016/j.eprac.2022.08.002. **3.** ADA (Diabetes Technology). *Diabetes Care* (2025): https://doi.org/10.2337/dc25-S007. **4.** Beck, R. W. *Journal of Diabetes Science and Technology* (2019): https://doi.org/10.1177/1932296818822496. **5.** Vigersky, R. A. *Diabetes Technology and Therapeautics* (2019): https://doi.org/10.1089/dia.2018.0310. **6.** Bergenstal, R. M. *Diabetes Care* (2018): https://doi.org/10.2337/dc18-1581.

Time in range (TIR): a useful metric of glycemic status and in clinical management¹

CGM and CGM metrics, like time in, above, and below range, can provide helpful insights to inform a personalized diabetes management plan¹. It can help in¹:

- Nutrition
- Physical activity
- Hypoglycemia detection and prevention
- Medical management
- Treatment plan reevaluation

CGM-specific targets for most non-pregnant adults²



For older adults with T1D or T2D and no complications, TIR goal is ~70% with time below range $\leq 4\%$ §3.

See last page for Important Safety Information.

^{*}For age <25 years, if the A1C goal is 7.5%, then set TIR target to approximately 60%. †Includes percentage of values >250 mg/dL. ‡ Includes percentage of values <54 mg/dL. ‡ Indicates new 2025 update.

^{1.} ADA (Glycemic Goals and Hypoglycemia). Diabetes Care (2025): https://doi.org/10.2337/dc25-S006. 2. Battelino, T. Diabetes Care (2019): https://doi.org/10.2337/dc25-S013.



Recommendations for use of automated insulin delivery (AID) systems in people with diabetes

Preferred* insulin delivery method for youth and adults with T1D1

Should be offered for youth and adults with T2D on multiple daily injections¹

Should be considered for older adults²



FreeStyle Libre 2 Plus and FreeStyle Libre 3 Plus sensors have iCGM designation[†] and are now **FDA-approved to work with AID systems**¹

Integrated CGM (iCGM) devices have a higher standard set by the FDA, enabling them to be integrated with other devices (e.g., insulin pumps)¹

IMPORTANT SAFETY INFORMATION

Failure to use FreeStyle Libre systems as instructed in labeling may result in missing a severe low or high glucose event and/or making a treatment decision, resulting in injury. If glucose reading and alarms (if enabled) do not match symptoms or expectations, use a fingerstick value from a blood glucose meter for treatment decisions. Get medical attention when appropriate. Abbott Customer Service at 855-632-8658 or visit https://www.freestyleprovider.abbott/us-en/safety-information.html for safety info.

The sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott.



^{*}Indicates new 2025 update. †An iCGM intended to automatically measure glucose in bodily fluids continuously and to link the CGM to other medical devices used to manage diabetes such as insulin dosing systems, insulin pumps and other digital devices. (CFR - Code of Federal Regulations Title 21).

^{1.} ADA (Diabetes Technology). Diabetes Care (2025): https://doi.org/10.2337/dc25-S007. 2. ADA (Older Adults). Diabetes Care (2025): https://doi.org/10.2337/dc25-S013.