

## 2026 Medicare Part B Continuous Glucose Monitors

Continuous Glucose Monitors (CGMs) are covered through your pharmacy benefit. Members are required to obtain a valid prescription from their provider. CGMs do not require Prior Authorization. Preferred CGM brands are Dexcom G6/G7 and Freestyle Libre/Libre 2/Libre 3/Libre 10/Libre 14. All other CGMs are non-preferred. Please refer to your Evidence of Coverage for more information.

Continuous Glucose Monitor Brands	Part B Copay/Coinsurance	Quantity Limit (QL) Restrictions
Dexcom G6/G7 Sensor	20% coinsurance	QL= 3 sensors/28 days
Dexcom G6 Transmitter	20% coinsurance	QL= 1 transmitter/90 days
Dexcom G6/G7 Receiver	20% coinsurance	QL= 1 receiver/year
Freestyle Libre 2/3 Sensor	20% coinsurance	QL= 2 sensors/28 days
Freestyle Libre 10 Day Sensor	20% coinsurance	QL= 3 sensors/30 days
Freestyle Libre 14 Day Sensor	20% coinsurance	QL= 2 sensors/28 days
Freestyle Libre Reader	20% coinsurance	QL= 1 receiver/year
Freestyle Libre 2/3 Reader	20% coinsurance	QL= 1 receiver/year
All other CGM brands/products		Will require a step therapy review

- Non-preferred continuous glucose monitors (CGMs) may be covered for members if requirements are met in the Medicare Non-Preferred Continuous Glucose Monitors (CGM) Step Criteria Policy.<sup>1</sup>
- Coverage for quantities exceeding the specified quantity limit may be covered for members if requirements are met in the Medicare Continuous Glucose Monitors (CGM) Quantity Limit Exception Criteria Policy.<sup>2</sup>

### References

1. Medicare Non-Preferred Continuous Glucose Monitors (CGM) Step Criteria
2. Medicare Continuous Glucose Monitors (CGM) Quantity Limit Exception Criteria