



Glucometers | CGM

Medicare Part B

- Covered as DME & must meet the Part B deductible and then pay the 20% copay
 - Part B annual deductible is \$283 for 2026 & Must receive from a supplier enrolled in Medicare
 - [Medicare Coverage of Diabetes Supplies, Services, & Prevention Programs](#)
 - [Durable Medical Equipment Cost Compare | Medicare.gov](#)

La Medicaid

- Preferred products – Contour Next EZ Meter, Next ONE, Next GEN Meter or Plus Blue; True Metrix or True Metrix Air, Relion True Metrix Air, Precision Xtra [PDL.Diabetic.Supplies.pdf](#)
- CGM: Dexcom G6 or G7, Freestyle Libre 2, 3, or 14

BCBS commercial

- Preferred products –TRUE (Metrix, Air, or GO), Precision Xtra, and FreeStyle (Freedom, Lite, or InsulinX)
- CGM: DEXCOM 6 or 7, & FreeStyle Libre
- Prior Authorization for CGM devices: Resource for CGM devices: [Medical Policy](#)

FMOLHS - CapitalRx

- Meters with a free coupon – FreeStyle (Freedom or Lite), Precision Xtra [ADC-39439v3.0.indd](#) OR Contour Plus Blue [2025-12-05 ContourPlusBlue V1](#)
- Prior Authorization for CMG devices: DEXCOM (G6 or G7) OR

UHC commercial

- Preferred products - Accu-Chek Guide ME, Contour Next ONE, EZ, GEN, or Lite
- Prior Authorization for CGM devices: DEXCOM, FreeStyle Libre 2, 3, or 14, & Guardian

Humana MA

- Covered under the DME Medical Benefit & must meet the plan deductible and copays.
- CenterWell is the preferred pharmacy for \$0 cost share once a deductible is met. Preferred products include TRUE METRIX AIR, Accu-Chek Guide or Guide Me
- Preferred CGM devices for those on insulin: DEXCOM G6 or G7, FREESTYLE LIBRE 2,3, or 14

Blue Advantage

- Covered under the DME Medical Benefit & must meet the plan deductible and copays.
- Preferred are Abbott (Precision), LifeScan (OneTouch), or Arkray (Glucocard) products
- Prior Authorization for CGM devices

Wellcare MA

- Covered under the DME Medical Benefit & must meet the plan deductible and copays.
- Preferred are Accucheck Guide and Guide Me meters or True Metrix and Metrix Air meters
- Prior Authorization for CGM devices: DEXCOM G6 or G7, FREESTYLE LIBRE 2, 3, or 14



**Health Leaders
Network**