



Covered Diabetes Meters and Testing Supplies

Pharmacy-Covered Diabetic Testing Supplies Available from an In-Network Pharmacy

| Blood Glucose Monitors | Authorization | Restrictions: Quantity Limit |
|--|---------------------------------|---|
| Accu-Chek® Avia Plus, Guide Me and Guide Kit Meter | No Prior Authorization Required | 1 Meter kit per 365 days |
| Test Strips | Authorization | Restrictions |
| Accu-Chek®, Avia Plus, Guide, Smartview, Insulinix and Precision Xtra® Test Strips | No Prior Authorization Required | 200 Test Strips per month |
| FreeStyle®, Freedom Lite, Precision Neo and Insulinix Test Strips | | |
| CGM | Authorization | Restrictions |
| FreeStyle® Freedom Lite, Libre 2, 3 and 14 day, | Prior Authorization Required | 1 Reader/Monitor per 365 days; 2 Sensors per 28 days |
| Guardian Real-Time Replace PED | | 1 Receiver per 365 days; 3 Sensors per 28 days |
| Dexcom G7 Dexcom G6 | | G7 - 1 Reader/Monitor per 365 days; 3 Sensors per 28 days G6 - 1 Reader/Monitor per 365 days; 1 Transmitter every 90 days & 1 Sensor per 28 days |
| Insulin Delivery System | Authorization | Restrictions |
| Omnipod® 5, Classic, Dash, Modd 1 Welcome Kit and Twiist Starter Kit | No Prior Authorization Required | 1 per 365 days |
| Omnipod® 5, Classic, Dash and Go PODS | | 10 Pods per 30 days at Retail; 30 Pods per 90 days at Mail Order |
| Omnipod® V-GO | | 30 Devices per 30 days at Retail; 90 Devices per 90 days at Mail Order |

Non-Preferred manufactures may be covered at the preferred copay with approved prior authorization.

Information updated as of February 2026



DME-Covered Testing Supplies

| Continuous Glucose Monitors | Authorization | Restrictions |
|---|---|---|
| E2102 – Adjunctive, non-implanted continuous glucose monitor or receiver | Prior authorization required. Preferred DME vendors are Norco, Apria and Byram Healthcare | Eligibility, standard coverage, authorization, diagnosis, place of service, and medical policy/necessity guidelines could apply that may impact whether the service is ultimately covered or not. |
| E2103- Non-adjunctive, non-implanted continuous glucose monitor or receiver | Prior authorization required. Preferred DME vendors are Norco, Apria and Byram Healthcare | Eligibility, standard coverage, authorization, diagnosis, place of service, and medical policy/necessity guidelines could apply that may impact whether the service is ultimately covered or not. |

HCPC Codes for glucose monitor

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|----------------|--|
| A4238 | Supply allowance for adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service |
| A4239 | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor = 1 unit of service |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge |
| E0607 | Home blood glucose monitor |
| A4253 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips |
| A4258 | Spring-powered device for lancet, each |
| A4259 | Lancets, per box of 100 |
| GGMs: | E2100, E2101, E2102, E2103, A4238, A4239 |
| Lancets | A4259 - and test strips A4253 |
| A9276 | Sensor; invasive (e.g., subcutaneous), disposable, for use with non-durable medical equipment Interstitial continuous glucose monitoring system, one unit = 1 day supply |
| A9277 | Transmitter; external, for use with non-durable medical equipment interstitial continuous glucose monitoring system |
| A9278 | Receiver (monitor); external, for use with non-durable medical equipment interstitial continuous glucose monitoring system |