

What if My Continuous Glucose Monitor Is Not Covered by Insurance?

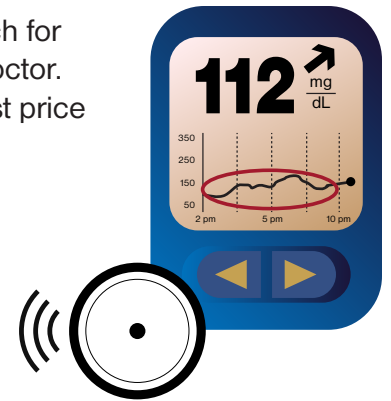
If your insurance company denies continuous glucose monitor (CGM) coverage or you don't have coverage, you have options.

- **Pay for your CGM out of pocket.**

- Membership warehouse clubs with pharmacies (for example, Sam's Club or Costco) often offer the lowest prices on CGMs.
- Visit GoodRx (www.goodrx.com) or SingleCare (www.singlecare.com) and search for the brand name of the CGM you were prescribed or want to discuss with your doctor. These websites can help you identify the retail pharmacy near you with the lowest price on that CGM.

- **Explore patient assistance programs that offer discounts on CGMs to eligible patients.**

- Dexcom Patient Assistance Program: <https://assistance.dexcom.com>
- Eversense PASS (Payment Assistance & Simple Savings) Program: www.ascensiadiabetes.com/eversense/patient-assistance-program
- Medtronic Assurance: www.medtronicdiabetes.com/assurance
- Medtronic CGM Access Discount: www.medtronicdiabetes.com/cgm-access-discount
- Abbott FreeStyle Libre: If you are asked to pay over \$75 for monthly sensors or have other coverage or cost inquiries, contact Abbott at 1-855-632-8658.



- **Talk to your health care team about professional continuous glucose monitoring.**

- This involves using a CGM provided by your doctor's office for a short time period (up to 14 days). Keep in mind that you may have a deductible or other copayments for office visits related to using a professional CGM.
- Most insurance plans allow you to use a professional CGM every 90 days. In some cases, using a professional CGM can help provide additional information to your insurance company so that it will cover a personal CGM in the future.

- **Try a trial with a sample CGM.**

- Talk to your health care team about whether a trial with a sample CGM might be helpful. This option may not be available to patients on certain health care plans or at all doctors' offices.

- **If coverage was denied, talk to your health care team about why your insurance company did not cover your CGM.**

- Some insurance companies require patients to do a certain number of fingerstick blood glucose tests each day or use a certain type of insulin therapy in order to qualify for a CGM. Your health care team may determine that these approaches would be helpful to manage your diabetes. If your treatment plan is adjusted, your health care team may try again to work with your insurance company to get coverage for your CGM.