

PRESCRIBING TO PHARMACY

1. Check coverage to see if a patient qualifies for FreeStyle Libre 3 system in pharmacy and contact the patient's primary insurance for eligibility criteria
 - If covered, and prior authorization is required, then proactively complete it
 - If not covered, send prescription to pharmacy as cash pay patient
2. Complete FreeStyle Libre 3 system prescription with NRC information below
 - **FreeStyle Libre 3 Plus sensor**
 - NRC# **57599-0844-00**
 - Quantity: 2 sensors/month
 - Sensor refills: PRN or 11 refills annually
 - **FreeStyle Libre 3 reader (optional)**
 - NRC# **57599-0820-00**
3. Send prescription to a participating pharmacy of patient's choice
4. Explain to patient to expect a call from the pharmacy for next steps

PRESCRIBING TO DME

1. Check coverage to see if patient qualifies[†] for CGM coverage in DME
 - If yes, Medicare fee-for-service coverage criteria can be found on page 2
 - For all other plans, contact the patient's insurance for eligibility criteria
 - If not covered, send prescription to pharmacy as cash pay patient
2. Identify a DME supplier contracted to service patient's primary insurance using DME supplier grids located on [FreeStyleFoundations.abbott](https://www.FreeStyleFoundations.abbott)
3. Complete prescription and all required clinical notes that document medical necessity utilizing:
 - FreeStyle Libre systems standard written order
 - E-prescribing platform, such as [parachutehealth.com](https://www.parachutehealth.com) or [dmescripts.com](https://www.dmescripts.com)
4. Explain to patient to expect a call from the DME supplier for next steps



Standard Written Order



Medicare Advantage DME Supplier Grid



Managed Medicaid DME Supplier Grid

If patient is asked to pay >\$75 for two sensors or has questions about coverage and costs, please have them call 844-330-5535

Send prescription and documentation supporting medical necessity to a DME supplier contracted with patient's primary insurance plan

Medicare and other payor criteria may apply.

*Based on retail and DME sales data for patient's last-filled prescription, by manufacturer. †Patients must meet Medicare eligibility coverage criteria.

1. CMS (2022). Accessed January 2024. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822>.

See page 2 for Important Safety Information.

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Widely covered by Medicare for patients managing diabetes with insulin*1.

MEDICARE COVERAGE ELIGIBILITY CRITERIA*1

The DME supplier will work with you to ensure proper clinical necessity and documentation.

1. The beneficiary has diabetes mellitus; and,
2. The beneficiary's treating practitioner has concluded that the beneficiary (or beneficiary's caregiver) has sufficient training using the CGM prescribed as evidenced by providing a prescription; and,
3. The CGM is prescribed in accordance with its FDA indications for use; and,
4. The beneficiary for whom a CGM is being prescribed, to improve glycemic control, meets at least one of the criteria below:
 - a. The beneficiary is insulin-treated; or,
 - b. The beneficiary has a history of problematic hypoglycemia



Scan QR Code, or follow the link below, for more information on Policy Specific Documentation Requirements for problematic hypoglycemia found in the Glucose Monitor, Policy Article (A52464), <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464>

5. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person or Medicare-approved telehealth visit with the beneficiary to evaluate their diabetes control and determines that criteria 1-4 above are met.

CGM Continued Coverage

6. Every six (6) months following the initial prescription of the CGM, the treating practitioner conducts an in-person or Medicare-approved telehealth visit with the beneficiary to document adherence to their CGM regimen and diabetes treatment plan.

Medicare and other payor criteria may apply.

Abbott provides this information as a courtesy and does not guarantee payment or coverage.

*Patients must meet Medicare eligibility coverage criteria.

1. CMS (2022). Accessed January 2025. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33822>.

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: 855-632-8658 or visit <https://www.FreeStyleprovider.abbott/us-en/safety-information.html> for safety info.