2026 Preferred Diabetic Supplies

Manufacturers: Roche, Dexcom, Abbott

Effective 1/1/2026

NDC	Drug Name	Utilization Management
65702049210	Accu-Chek Smartview (for Nano) 50 Count Test Strips	
65702040710	Accu-Chek Aviva Plus 50 Count Test Strips	
65702071110	Accu-Chek Guide 50 Count Test Strips	
65702049310	Accu-Chek Smartview (for Nano) 100 Count Test Strips	
65702040810	Accu-Chek Aviva Plus 100 Count Test Strips	
65702071210	Accu-Chek Guide 100 Count Test Strips	
65702070195	Accu-Chek Guide 50 Count Test Strips	
65702071910	Accu-Chek Guide 50 Count Test Strips	
65702073110	Accu-Chek Guide Me Care Kit	
65702072910	Accu-Chek Guide Care Kit	
65702048110	Accu-Chek Fastclix Lancet Device	
65702028810	Accu-Chek Fastclix Lancets (102)	
65702040010	Accu-Chek Softclix Lancet Device	
50924097110	Accu-Chek Softclix Lancets (100)	
50924007920	Accu-Chek Safe-T Pro Lancets Miscellaneous	
50924095120	Accu-Chek Safe-T Pro Lancets Miscellaneous	
65702015610	Accu-Chek Softclix Lancets Miscellaneous	
75537000971	Accu-Chek Softclix Lancets Miscellaneous	
65702012410	Accu-Chek Softclix Lancets Miscellaneous	
65702071310	Accu-Chek Guide Glucose Control Solution	
65702010710	Accu-Chek Aviva Glucose Control Solution	
65702048810	Accu-Chek Smartview Glucose Control Solution	
65702072310	Accu-Chek Aviva Plus Kit w/Device	
08627001601	Dexcom G6 Transmitter Miscellaneous	Coverage Determination Required
08627005303	Dexcom G6 Sensor Miscellaneous	Coverage Determination Required
08627009111	Dexcom G6 Receiver Device	Coverage Determination Required
08627007701	Dexcom G7 Sensor Miscellaneous	Coverage Determination Required
08627007801	Dexcom G7 Receiver Device	Coverage Determination Required
08627007901	Dexcom G7 15 Day Sensor Miscellaneous	Coverage Determination Required
57599000021	FreeStyle Libre Reader Device	Coverage Determination Required
57599000101	FreeStyle Libre 14 Day Sensor Miscellaneous	Coverage Determination Required
57599000200	FreeStyle Libre 14 Day Reader Device	Coverage Determination Required
57599080000	FreeStyle Libre 2 Sensor Miscellaneous	Coverage Determination Required
57599080300	FreeStyle Libre 2 Reader Device	Coverage Determination Required

57599081800	FreeStyle Libre 3 Sensor Miscellaneous	Coverage Determination Required
50090638500	FreeStyle Libre 3 Sensor Miscellaneous	Coverage Determination Required
57599082000	FreeStyle Libre 3 Reader Device	Coverage Determination Required
57599084400	FreeStyle Libre 3 Plus Sensor	Coverage Determination Required
50090724800	FreeStyle Libre 3 Plus Sensor Miscellaneous	Coverage Determination Required
57599083500	FreeStyle Libre 2 Plus Sensor Miscellaneous	Coverage Determination Required

Non-Preferred Diabetic Supplies and CGMs would be subject to a 20% co-insurance at Walgreens Mail Order Pharmacy.