

Colorado Department of Health Care Policy and Financing Preferred Diabetic Supply List (PDSL)

Effective Date: November 1, 2025

The PDSL applies **only** to Continuous Glucose Monitor (CGM) products billed under the pharmacy benefit at the Point of Sale (POS). It does **not** apply to CGMs, or any other Durable Medical Equipment (DME), claims billed under the medical benefit. In addition, the PDSL applies only to Medicaid fee-for-service members and does not extend to Rocky Mountain Health HMO or Denver Health Medicaid Choice.

For information on diabetic supplies not mentioned in this document, please refer to: [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\)](#)

Prior Authorization Forms: Available online at [Pharmacy Resources](#)

Prior Authorization (PA) Requests: Colorado Pharmacy Call Center
Phone Number: 800-424-5725 | Fax Number: 800-424-5881

Electronic Prior Authorization (ePA): Electronic Prior Authorization Requests are supported by CoverMyMeds and may be submitted via Electronic Health Record (EHR) systems or through the CoverMyMeds provider portal.

Continuous Glucose Monitors (CGMs) & Components

Initial Coverage Criteria (all must be met 1–5):

- 1- The beneficiary has diabetes mellitus (Type 1 or Type 2); **and**
- 2- The beneficiary (or caregiver) has sufficient training on the CGM system's use, documented in the medical record; **and**
- 3- The CGM is prescribed in accordance with its FDA indications; **and**
- 4- The beneficiary meets at least one of the following conditions:
 - a. Is insulin-treated, **or**
 - b. Has a history of problematic hypoglycemia with documentation of:
 - i. Recurrent (more than one) level 2 events (glucose <54 mg/dL) despite therapy adjustments; **or**
 - ii. A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia
- 5- Within 6 months prior to ordering, the treating practitioner has an in-person or Medicare-approved telehealth visit to evaluate diabetes control and confirm that criteria 1–4 above are met.

Gestational Diabetes

Per Senate Bill 24-168, individuals with Gestational Diabetes who are not being treated with insulin will also qualify for CGM coverage. Eligibility is only covered during the duration of the pregnancy.

Continued Coverage:

- Every 6 months, the treating practitioner must complete an in-person or Medicare-approved telehealth visit to document adherence to the CGM regimen and diabetes treatment plan.
- If any of the initial coverage criteria (1-5), or the continued coverage criteria are not met, the CGM and related supply allowance will be denied as not reasonable and necessary.

Preferred Products

Product Description	Product Type	NDC/UDI	Manufacturer	Status
Dexcom G6 Sensor	Sensor	08627005303	DexCom Inc.	Preferred – PA Required
Dexcom G6 Receiver	Receiver	08627009111	DexCom Inc.	Preferred – PA Required
Dexcom G6 Transmitter	Transmitter	08627001601	DexCom Inc.	Preferred – PA Required
Dexcom G7 Sensor	Sensor	08627007701	DexCom Inc.	Preferred – PA Required
Dexcom G7 Receiver	Receiver	08627007801	DexCom Inc.	Preferred – PA Required

Non-Preferred Products

Product Description	Product Type	NDC/UDI	Manufacturer	Status
Eversense E3 Sensor - HLDR	Sensor	17491002296	Ascensia Diabetes Care	Non-Preferred – PA Required
Eversense E3 Smart Transmitter	Transmitter	17491002292	Ascensia Diabetes Care	Non-Preferred – PA Required
FreeStyle Libre 14 Day	Sensor	57599000101	Abbott Diabetes Care Sales Corp.	Non-Preferred – PA Required
FreeStyle Libre 2 Plus	Sensor	57599083500	Abbott Diabetes Care Sales Corp.	Non-Preferred – PA Required
FreeStyle Libre 2	Reader	57599080300	Abbott Diabetes Care Sales Corp.	Non-Preferred – PA Required
FreeStyle Libre 2	Sensor	57599080000	Abbott Diabetes Care Sales Corp.	Non-Preferred – PA Required
FreeStyle Libre 3 Plus	Sensor	57599084400	Abbott Diabetes Care Sales Corp.	Non-Preferred – PA Required
FreeStyle Libre 3	Reader	57599082000	Abbott Diabetes Care Sales Corp.	Non-Preferred – PA Required
FreeStyle Libre 3	Sensor	57599081800	Abbott Diabetes Care Sales Corp.	Non-Preferred – PA Required
Guardian 4 Glucose Sensor	Sensor	63000041338	Medtronic Inc.	Non-Preferred – PA Required
Guardian 4 Glucose Sensor	Sensor	63000051968	Medtronic Inc.	Non-Preferred – PA Required
Guardian 4 Transmitter	Transmitter	63000044515	Medtronic Inc.	Non-Preferred – PA Required
Guardian 4 Transmitter	Transmitter	63000044516	Medtronic Inc.	Non-Preferred – PA Required
Guardian Connect Transmitter	Transmitter	76300000260	Medtronic Inc.	Non-Preferred – PA Required
Guardian Link 3 Transmitter	Transmitter	43169095568	Medtronic Inc.	Non-Preferred – PA Required



Guardian Link 3 Transmitter	Transmitter	63000028678	Medtronic Inc.	Non-Preferred – PA Required
Guardian Link 3 Transmitter	Transmitter	63000031699	Medtronic Inc.	Non-Preferred – PA Required
Guardian Link 3 Transmitter	Transmitter	63000035751	Medtronic Inc.	Non-Preferred – PA Required
Guardian Link 3 Transmitter	Transmitter	76300023982	Medtronic Inc.	Non-Preferred – PA Required
Guardian Sensor 3	Sensor	43169070405	Medtronic Inc.	Non-Preferred – PA Required
Guardian Sensor 3	Sensor	63000017962	Medtronic Inc.	Non-Preferred – PA Required
Guardian Sensor 3	Sensor	63000033698	Medtronic Inc.	Non-Preferred – PA Required
Guardian Sensor 3	Sensor	63000035844	Medtronic Inc.	Non-Preferred – PA Required