

Continuous Glucose Monitoring

Modified March 2026

Comparison of Personal Continuous Glucose Monitors (Prescription)*

FEATURE	Dexcom G7 ^d	Dexcom G7 15 Day (US) ^d	Libre 2 (Canada)	Libre 2 Plus (US)	Libre 3 Plus	Eversense 365 (US)
Patient population	≥2 years of age with diabetes (including pregnancy) ^{1,2}	≥18 years of age with diabetes (including pregnancy) ⁵	≥4 years of age with diabetes ³²	≥2 years of age with diabetes (including pregnancy [US]). ^{6,8,13,19}		≥18 years of age with diabetes ¹⁵
Sensor Placement	Back of upper arm, abdomen (Canada; nonpregnant only), upper buttocks (2 to 6 years of age only) ^{1,2}	Back of upper arm ⁵	Back of upper arm ^{6,9,13,32}			Inserted SC in upper arm by provider who has completed the training program. ¹⁵
Sensor Life	10 days ^{1,2}	15 days ⁵	14 days ³²	15 days ^{6,9,13}		one year ¹⁵
Calibration Required?	Optional ^{1,2,5}		No ^{8,13} It is factor-calibrated, but there may be some sensor-to-sensor variability. ^{13,32}			Yes, weekly after initial calibration phases. ¹⁷
Display device/Max distance from transmitter	Dexcom Receiver or smart device/10 m (6 m for smartwatch) ^{1,2,5}		Reader ^a or smart device/6 m ^{6,32}		Reader ^a or smart device/10 m ^{9,13}	Smart device/24.9 ft (7.6 m) ¹⁵
Data Sharing	Smartphone can send data, and receiver data can be uploaded, to Dexcom Clarity Account ^{1,2,5}		LibreView (cloud-based; for healthcare team) or LibreLinkUp app (real-time sharing with caregivers) ^{9-12,32}			Eversense NOW remote monitoring app (My Circle) and Clinic Share (for healthcare team) ¹⁵
Compatible insulin pump or smart pen	iLet (US), Omnipod 5, Tandem t:slim X2,*Tandem Mobi (US)*, InPen (US), Tempo (US), Tidepool Loop (US). ^{3,4} (*G7 15 day compatibility anticipated 2026 ⁵)		None	Omnipod 5 ⁷	US: Tandem t:slim X2, iLet, Twist ⁷	None
Drug Interactions	Acetaminophen >1 g q6h, hydroxyurea (reads higher) ^{1,2,5}		Ascorbic acid >1,000 mg/day (reads higher) ^{6,9,13,32}			Tetracyclines (reads lower). ¹⁵ Mannitol or sorbitol (IV, irrigation, dialysis solution) (reads higher). ¹⁵
Water Exposure^b	Waterproof to 2.4 m for 24 hours. ^{1,2,5}		Waterproof to 1 m for 30 min. ^{6,9,13,32}			Transmitter waterproof to 1 m for 30 min. ¹⁵
Security and Air Travel Compatibility^c	Compatible with hand-wanding, walk-through metal detectors, and AIT. Not compatible with baggage scanner. Use fingersticks for treatment decisions in security area. ^{1,2,5-8}		Avoid full-body scanners. ^{6,8,13,32}			Compatible (inform security of presence of implanted medical device) ¹⁵
Medical Imaging Compatibility	NOT compatible with MRI. CT, x-ray: keep Dexcom out of scanned area and cover it with a lead apron. ^{1,2,5}		US: compatible with MRI under specific conditions, x-ray, and CT. ^{6,8} Canada: remove sensor before MRI, x-ray, or CT; apply new sensor after scan ^{13,32}			Transmitter must be removed. ¹⁵ Sensor is safe with x-ray and CT. ¹⁵ MRI is safe under specific conditions. ¹⁵

a. Reader has a built-in glucose meter compatible with FreeStyle Precision (US: Precision Neo) strips.^{6,13,14,32}

b. Data might not transmit while in the water.^{1,2,5,9,13,15}

c. Sensor can continue to send data to receiver if airplane mode is required; keep Bluetooth on.^{8,15,26}

d. In the US, production of Dexcom G6 will cease July 1, 2026.³⁴

e. CGMs used only with specific insulin delivery devices are not included (e.g., Guardian 4, Simplerla).

Comparison of NONprescription Continuous Glucose Monitors

FEATURE	Stelo (by Dexcom)	Lingo (by Abbott)
Patient population	≥18 years of age not using insulin. ¹⁶	≥18 years of age not using insulin. ¹⁷
Sensor placement	Back of upper arm. ¹⁶	Back of upper arm. ¹⁷
Sensor life	15 days ¹⁶	14 days ¹⁷
Calibration required?	No ¹⁶	No. It is factory-calibrated, but there may be some sensor-to-sensor variability. ¹⁷
Display device/Max distance from transmitter	Smart device/20 feet (6 m) ¹⁶	Smart device/33 feet (10 m) ¹⁸
Alarms	No ¹⁶	No ¹⁷
Shareable data	Via Apple Health ¹⁶	Via Apple Health ¹⁷
Drug interactions	Acetaminophen >1 g q6h, hydroxyurea (reads higher) ⁵⁶	Not available
Water exposure^b	Sensor and transmitter are waterproof to 2.4 m for 24 h. ¹⁶	Waterproof to 1 m for 30 min. ¹⁷
Security and Air Travel Compatibility	Compatible with hand-wanding, walk-through metal detectors, and AIT. Not compatible with baggage scanner. May not be accurate in security area. ¹⁶	Compatible with hand-wanding and walk-through metal detectors. Avoid x-rays (e.g., baggage scanner) and AIT. ¹⁷
Medical Imaging Compatibility	MRI: NOT compatible ¹⁶ CT or x-ray: keep sensor out of scanned area and cover it with a lead apron. ¹⁶	NOT compatible with MRI, CT, or x-ray. ¹⁷

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Continuous Glucose Monitoring (Prescription): FAQs

Q: Which patients are most appropriate for continuous glucose monitoring?

- Use is recommended (as early as at diagnosis) for patients who require insulin, for patients who are taking diabetes meds that can cause hypoglycemia, or for any other scenarios where CGM data can aid management.¹⁹
 - CGM is recommended for pregnant patients (and patients planning pregnancy) with type 1 diabetes. For pregnant patients with type 2 or gestational diabetes, CGM can be offered, but there is less evidence of improved outcomes.³³
- In the hospital setting:
 - consider CGM for patients who use it at home (if hospital has resources, trained personnel, and policies to support it), and for other patients who may benefit (e.g., patients in isolation, post-bariatric surgery patients, patients at risk of hypoglycemia).^{20,21}
 - fingersticks should be used to guide insulin dosing and to confirm hypoglycemia.²⁰

Q: What is professional continuous glucose monitoring?

- Professional CGM (e.g., Abbott Freestyle Libre Pro, Dexcom 6 Pro) is applied in-office. It provides retrospective data to the provider; the results are blinded to the patient. Consider use when CGM is unavailable to the patient, or when short-term or intermittent monitoring might be appropriate (e.g., to make medication adjustments in patients not on intensive insulin).¹⁹

Q: What are some general points to cover when educating patients about their glucose sensors?

- Where to place the sensor (i.e., anatomic location) and areas to avoid (e.g., hairy areas, insulin injection site).^{1,2,5,6,13,14,32}
- How to improve adhesion (e.g., skin cleansing and prep)
- Management of poor adhesion (i.e., what to do if sensor is loose or comes off)
- Delay between sensor application and availability of glucose reading.
- How to remove sensor.

Q: What supplies will patients need?

- Patients using a CGM will still need supplies to check fingersticks (e.g., for calibration [if applicable], when symptoms do not match reading, when prompted by CGM, during sensor warm-up).^{1,6}
- Patients will need alcohol wipes to clean the sensor application site.^{1,2,5,8,13,32}
- For patients with adhesion issues, suggest skin adhesive and/or tape (check for CGM-specific recommendations).
- Patients might want to try baby oil or an adhesive remover (e.g., Uni-Solve) to remove the adhesive remaining on the skin after the sensor is removed.^{24,25}
- Patients who get dermatitis from the sensor might want to try applying fluticasone nasal spray to the site before applying the sensor.¹⁹

Q: What billing codes should be used with continuous glucose monitors?

In the US, use the following billing codes when working with CGMs:^{22,23,31}

- **Professional CGM: 95250** (e.g., placement, download), with appropriate ICD-10 code. Can be done by supervised pharmacist.
- **Personal CGM: 95249** (e.g., sensor placement, hook-up, calibration, patient training, print-out). Can be done by supervised pharmacist.
 - Can bill only once unless patient changes manufacturer, model or receiver.
- **Interpretation of CGM data: 95251** (personal or professional CGM).
 - Can only be used one time/month per patient. In-person visit not required.

Q: What information about glucose values can be obtained from continuous glucose monitors?

Examples of information in CGM reports: (specific terms and available information may vary among CGMs):

- **Average glucose level:** correlates with A1c and hyperglycemia, not hypoglycemia or glucose variability.²⁷
- **Glucose variability (GV):** fluctuation in blood glucose from the mean or median.²⁷ A glucose variability of <36% suggests “stable” blood glucose values and reduced risk of hypoglycemia.^{27,28}
- **Glucose management indicator (GMI):** an approximate A1c based on average glucose levels over shorter period of time (e.g., 14 or 30 days; A1c estimates glucose control over about two to three months).²⁸
 - GMI and A1c may differ by at least 0.3% about 50% of the time. For example:²⁹
 - Conditions that affect red blood cell lifespan (e.g., hemolytic anemias) may impact A1c, but not GMI.²⁹
 - **GMI may be higher than the A1c** shortly after periods of hyperglycemia (e.g., illness, ketoacidosis).
 - **GMI may be lower than the A1c** shortly after periods when glucose readings are lower than normal (e.g., after starting a low-carb diet, periods of intense exercise, starting a new glucose-lowering med). Use GMI to confirm that dietary or med changes are improving glycemic control.
 - Avoid using GMI by itself to guide management decisions; it is still important to look for hypoglycemia.²⁹
- **Time in range (TIR):** percent of time glucose values fall within the specified target range (e.g., 70 to 180 mg/dL [3.9 to 10 mmol/L]).³⁰
 - Aim for a TIR of 70% (correlates with an A1c of ~7%) for most patients.³⁰
 - Aim for a TIR of 50% for older patients with comorbidities.³⁰
- **Time above range (TAR):** percent of time measured glucose values are above 180 mg/dL (10 mmol/L).³⁰
 - level one hyperglycemia: TAR with glucose values between 181 and 250 mg/dL (10.1 to 13.9 mmol/L).³⁰ Aim for <25% (six hours) for most patients or <50% for older patients with comorbidities.³⁰
 - level two hyperglycemia: TAR with glucose values above 250 mg/dL (13.9 mmol/L).³⁰ Aim for less than 5% (72 minutes) for most patients or consider a goal of less than 10% for older patients with comorbidities.³⁰
- **Time below range (TBR):** percent of time measured glucose values fall below 70 mg/dL (3.9 mmol/L).³⁰
 - level one hypoglycemia: TBR with glucose values between 54 and 69 mg/dL (3 to 3.8 mmol/L).³⁰ Aim for less than 4% (~1 hour) for most patients or less than 1% for older patients with comorbidities.³⁰
 - level two hypoglycemia: TBR with glucose values below 54 mg/dL (3 mmol/L).³⁰ Aim for less than 1% (14 minutes) for all patients.³⁰

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