



More affordable CGM at half
the cost of other CGMs*¹

Present this copay card
to save money on your
FreeStyle Libre CGM
systems prescription
each month.[†]



Copay savings for commercially insured or uninsured patients.

FOR PATIENTS: Present this FreeStyle Libre CGM systems copay card to your pharmacist.

FOR HCPs: Print and give this copay card to your patients to present at the pharmacy.

FOR PHARMACISTS: Important—DO NOT combine with other prescription sensor fill transactions. For insured patients, submit the SECONDARY Claim to PDMI under BIN 610020. For uninsured patients, submit PRIMARY/Cash Claim to PDMI under BIN 610020.

A PCN code is not required to process the copay card.

For questions about the product or about using your copay card, please call 1-855-632-8658.
(Monday–Friday 8 AM–8 PM ET, excluding holidays.)

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

Participating pharmacies are subject to change without notice. Product availability may vary by retailer or DME.

* Based on a comparison of list prices of the FreeStyle Libre personal CGM systems versus competitors' prescription CGM systems, assuming annual use of one receiver (or equivalent hardware) and quantity of transmitters and/or sensors according to use life. The actual cost to patients may or may not be lower than other CGM systems, depending on the amount covered by insurance, if any. † Benefits for FreeStyle Libre CGM systems apply to FreeStyle Libre CGM systems sensors and readers. Void where prohibited by law. Abbott may modify, rescind, or revoke these benefits at any time without notice. Offer available to commercially insured and uninsured patients only. These benefits are not available to beneficiaries of Medicare, Medicaid or other federal or state healthcare programs. For Massachusetts residents, only those patients responsible for the full cost of the product may be eligible to receive these benefits. These benefits are only available at participating pharmacies, which are subject to change without notice. The actual amount a patient pays may vary. ‡ Based on prescription claims for commercially insured and uninsured patients using the FreeStyle Libre CGM systems. Does not include Medicare, Medicaid, and other federal or state healthcare program patients. The actual amount a patient pays may vary. The FreeStyle Libre CGM systems require a prescription.

Reference: 1. Data on file, Abbott Diabetes Care.

Important Safety Information

Product for prescription only, for Important Safety Information please visit [FreeStyleLibre.us](https://www.FreeStyleLibre.us)

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