Diabetic Supplies Guidelines

Diabetic supplies should be purchased as outlined below for members of PPO Savings Plan and PPO Plan:

**PPO Plan:** Subject to deductible & coinsurance unless enrolled in the Value-Based Benefit (PPO Plan only)

**PPO Savings Plan:** Subject to deductible & coinsurance

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### Covered through Medical Plan
**Aetna:** 1-855-878-4197
- Insulin pump and supplies
- Continuous glucose monitoring sensors
- Glucose Meters and test strips (any brand through Aetna)
- Lancets
- Syringes/needles
- Disposable supplies, which include:
  - Replacement batteries for meter, alcohol wipes, alcohol/peroxide, Betadine, Iodine, Phisohex solution, swaps/wipes, adhesive remover, skin barrier wipes/swabs

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### Covered through Pharmacy Plan
**CVS Caremark:** 1-844-462-0203
- Insulin/insulin pens
- Continuous glucose monitoring sensor
- Glucose meters and test strips (Lifescan OneTouch required through CVS Caremark)
- Lancets
- Syringes/needles
- Disposable supplies, which include:
  - Replacement batteries for meter, alcohol wipes, alcohol/peroxide, Betadine, Iodine, Phisohex solution, swaps/wipes, adhesive remover, skin barrier wipes/swabs

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**Medications/Supplies in the “Preferred Formulary Alternative” column will reduce your out-of-pocket expense**

PPO Plan members enrolled in the Value-Based Benefits MUST use a Preferred Formulary Alternative for supplies as outlined below

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### Contact CVS Caremark at 1-844-462-0203 with questions regarding the formulary

<table>
<thead>
<tr>
<th>Type of Medication/Supply</th>
<th>Non-Formulary/Needs Prior Authorization (70% coinsurance applies)</th>
<th>Preferred Formulary Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biguanides</td>
<td>FORTAMET, GLUMETZA, RIOMET</td>
<td>METFORMIN, METFORMIN EXT-REL</td>
</tr>
<tr>
<td>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</td>
<td>NESINA, ONGLYZA</td>
<td>JANUVIA, TRADJENTA</td>
</tr>
<tr>
<td>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations</td>
<td>KAZANO, KOMBIGLYZE XR, OSENI</td>
<td>JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR</td>
</tr>
</tbody>
</table>
## Diabetic Supplies Guidelines

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</tr>
</thead>
</table>
| **Injectable Incretin Mimetics** | BYDUREON  
BYETTA  
TANZEUM | TRULICITY, VICTOZA |
| **Insulins** | APIDRA  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 70/30  
HUMULIN 70/30  
HUMULIN N  
HUMULIN R  
*Note: HUMULIN R U-500 concentrate will not be subject to prior authorization and will continue to be covered. | NOVOLOG  
NOVOLOG MIX 70/30  
NOVOLIN 70/30  
NOVOLIN N  
NOVOLIN R |
| **Long Acting Insulins** | LANTUS  
TOUJEO | BASAGLAR, LEVEMIR, TRESIBA |
| **Insulin Sensitizers** | ACTOS | PIOGLITAZONE |
| **Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors** | JARDIANCE | FARXIGA  
INVOKANA |
| **Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations** | SYNJARDY  
SYNJARDY XR | INVOKAMET, INVOKAMET XR, XIGDUO XR |
| **Supplies – Needles** | NOVO NORDISK NEEDLES  
OWEN MUMFORD NEEDLES  
PERRIGO NEEDLES  
ULTIMED NEEDLES  
All other insulin needles that are not BD ULTRAFINE brand | BD ULTRAFINE NEEDLES  
(PPO Plan Value-Based members must use Preferred Formulary Alternative for Supplies when using pharmacy benefit) |
| **Supplies – Syringes** | ALLISON MEDICAL INSULIN SYRINGES  
TRIVIDIA INSULIN SYRINGES  
ULTIMED INSULIN SYRINGES  
All other insulin syringes that are not BD ULTRAFINE brand | BD ULTRAFINE NEEDLES  
(PPO Plan Value-Based members must use Preferred Formulary Alternative for Supplies when using pharmacy benefit) |
| **Supplies – Test Strips and Kits** | ACCU-CHEK STRIPS AND KITS  
BREEZE 2 STRIPS AND KITS  
CONTOUR NEXT STRIPS AND KITS  
CONTOUR STRIPS AND KITS  
FREESTYLE STRIPS AND KITS  
All other test strips that are not ONETOUCH brand | ONETOUCH ULTRA STRIPS AND KITS; ONETOUCH VERIO STRIPS AND KITS  
(PPO Plan Value-Based members must use Preferred Formulary Alternative for Supplies when using pharmacy benefit) |