

Diabetic Supplies Guidelines



PennState

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

PPO Plan: Retail or Mail Order/90-day supply through University Health Services or CVS Caremark
(Prescription medications are not included in the Value-Based Benefit)

PPO Savings Plan: Retail or Mail Order/90-day supply through University Health Services or CVS Caremark (Subject to deductible & coinsurance)

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

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

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

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

Type of Medication/Supply	Non-Formulary/ Needs Prior Authorization (70% coinsurance applies)	Preferred Formulary Alternative
Biguanides	FORTAMET GLUMETZA RIOMET	METFORMIN, METFORMIN EXT-REL
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSEN	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR

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Type of Medication/Supply	Non-Formulary/ Needs Prior Authorization (70% coinsurance applies)	Preferred Formulary Alternative
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)