



Diabetic Supplies Guidelines

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

Covered through Medical Plan Aetna: 1-855-878-4197	Covered through Pharmacy Plan CVS Caremark: 1-844-462-0203
<p>PPO Plan: Subject to deductible & coinsurance unless enrolled in the Value-Based Benefit (PPO Plan only)</p> <p>PPO Savings Plan: Subject to deductible & coinsurance</p>	<p>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)</p> <p>PPO Savings Plan: Retail or Mail Order/90-day supply through University Health Services or CVS Caremark (Subject to deductible & coinsurance)</p>

- Insulin pump and supplies (ordered through insulin pump manufacturer) which may include:
 - Tubing, reservoirs, infusion sets, infusion set tape, glucose meter that attaches to the pump & associated test strips, replacement batteries
- Glucose Meters Lifescan OneTouch required

- Insulin/insulin pens
- Syringes/needles
- Test strips Lifescan OneTouch required & lancets
- Continuous glucose monitoring sensor (for certain insulin pumps)
- Disposable supplies, which include:
 - Replacement batteries for meter, alcohol wipes, alcohol/peroxide, Betadine, Iodine, Phisohex solution, swaps/wipes, adhesive remover, skin barrier wipes/swabs

This listing below applies ONLY to the PRESCRIPTION DRUG PLAN

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)
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)
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) Strips used with an INSULIN PUMP should be purchased through the pump manufacturer and covered through the medical plan (Aetna)