

# 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 system, sensors, transmitters and supplies
- 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 pump and supplies, insulin and insulin pens
- Continuous glucose monitoring sensor (Dexacom required by CVS Caremark), transmitter and supplies
- Glucose meters and test strips (ACCU-CHEK 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**

**Below pertains to CVS Caremark  
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	<ul style="list-style-type: none"> <li>• FORTAMET</li> <li>• GLUMETZA</li> <li>• RIOMET</li> </ul>	<ul style="list-style-type: none"> <li>• METFORMIN</li> <li>• METFORMIN EXT-REL (EXCEPT GENERIC FORTAMET OR GLUMETZA)</li> </ul>
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	<ul style="list-style-type: none"> <li>• NESINA</li> <li>• ONGLYZA, TRADJENTA</li> </ul>	<ul style="list-style-type: none"> <li>• JANUVIA</li> </ul>
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	<ul style="list-style-type: none"> <li>• KAZANO</li> <li>• KOMBIGLYZE XR, OSENI, JENTADUETO, ENTADUETO XR</li> </ul>	<ul style="list-style-type: none"> <li>• JANUMET, JANUMET XR</li> </ul>
Injectable Incretin Mimetics	<ul style="list-style-type: none"> <li>• BYDUREON</li> <li>• BYETTA</li> </ul>	<ul style="list-style-type: none"> <li>• TRULICITY, VICTOZA, Ozempic</li> </ul>

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Type of Medication/Supply	Non-Formulary/ Needs Prior Authorization (70% coinsurance applies)	Preferred Formulary Alternative
Insulins	<ul style="list-style-type: none"> <li>• APIDRA</li> <li>• HUMALOG</li> <li>• HUMALOG MIX 50/50</li> <li>• HUMALOG MIX 70/30</li> <li>• HUMULIN 70/30</li> <li>• HUMULIN N</li> <li>• HUMULIN R</li> </ul> <p><b>*Note:</b> HUMULIN R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</p>	<ul style="list-style-type: none"> <li>• Fiasp, NOVLOG</li> <li>• NOVLOG MIX 70/30</li> <li>• NOVOLIN 70/30</li> <li>• NOVOLIN N</li> <li>• NOVOLIN R</li> </ul>
Long Acting Insulins	<ul style="list-style-type: none"> <li>• LANTUS</li> <li>• TOUJEO</li> </ul>	<ul style="list-style-type: none"> <li>• BASAGLAR, LEVEMIR, TRESIBA</li> </ul>
Insulin Sensitizers	<ul style="list-style-type: none"> <li>• ACTOS</li> </ul>	<ul style="list-style-type: none"> <li>• pioglitazone</li> </ul>
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	<ul style="list-style-type: none"> <li>• INVOKANA</li> </ul>	<ul style="list-style-type: none"> <li>• FARXIGA, JARDIANCE</li> </ul>
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations	<ul style="list-style-type: none"> <li>• INVOKAMET, INVOKAMET XR</li> </ul>	<ul style="list-style-type: none"> <li>• SYNJARDY, SYNJARDY XR, XIGDUO XR</li> </ul>
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	<ul style="list-style-type: none"> <li>• QTERN</li> <li>• GLYXAMBI</li> </ul>	
Supplies – Needles	<ul style="list-style-type: none"> <li>• NOVO NORDISK NEEDLES</li> <li>• OWEN MUMFORD NEEDLES</li> <li>• PERRIGO NEEDLES</li> <li>• ULTIMED NEEDLES</li> <li>• All other insulin needles that are not BD ULTRAFINE brand</li> </ul>	<ul style="list-style-type: none"> <li>• BD ULTRAFINE NEEDLES</li> </ul> <p><b>(PPO Plan Value-Based members must use Preferred Formulary Alternative for Supplies when using pharmacy benefit)</b></p>
Supplies – Syringes	<ul style="list-style-type: none"> <li>• ALLISON MEDICAL INSULIN SYRINGES</li> <li>• TRIVIDIA INSULIN SYRINGES</li> <li>• ULTIMED INSULIN SYRINGES</li> <li>• All other insulin syringes that are not BD ULTRAFINE brand</li> </ul>	<ul style="list-style-type: none"> <li>• BD ULTRAFINE NEEDLES</li> </ul> <p><b>(PPO Plan Value-Based members must use Preferred Formulary Alternative for Supplies when using pharmacy benefit)</b></p>
Supplies – Test Strips and Kits	<ul style="list-style-type: none"> <li>• ONETOUCH ULTRA STRIPS AND KITS</li> <li>• ONETOUCH VERIO STRIPS AND KITS</li> <li>• BREEZE 2 STRIPS AND KITS</li> <li>• CONTOUR NEXT STRIPS AND KITS</li> <li>• CONTOUR STRIPS AND KITS</li> <li>• FREESTYLE STRIPS AND KITS</li> <li>• All other test strips that are not ONETOUCH brand</li> </ul>	<ul style="list-style-type: none"> <li>• ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK COMPACT STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS</li> </ul> <p><b>(PPO Plan Value-Based members must use Preferred Formulary Alternative for Supplies when using pharmacy benefit)</b></p>