

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 and 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 (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	FORTAMET GLUMETZA RIOMET	METFORMIN, METFORMIN EXT-REL
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENI JENTADUETO ENTADUETO XR	JANUMET, JANUMET 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, Ozempic
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.	Fiasp, 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	INVOKANA	FARXIGA, JARDIANCE
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor/Biguanide Combinations	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY 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	ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO 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	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 (PPO Plan Value-Based members must use Preferred Formulary Alternative for Supplies when using pharmacy benefit)