

# Covered diabetic supplies

You can count on your pharmacy benefits to cover the supplies you need to help manage your diabetes every day.

Questions? Call the number on your health plan ID or visit **myuhc.com/exchange** for 24/7 assistance.

Maryland Value plans

United Healthcare®

# Pharmacy drug list – diabetic supplies




We're here to help you understand how to manage your diabetes using your pharmacy benefit to get medications and supplies filled at a network pharmacy. Applicable coverage rules or limits such as prior authorization or quantity limits may apply. To get your diabetic supplies covered at $0, ask your health care provider to send a prescription to your pharmacy.

To learn more about a product in this list, view your Prescription Drug List to find tier information and coverage rules or limits such as quantity limits.Your plan's pharmacy cost-share is listed in your plan documents.

Once your plan is active, you can price your medications or diabetic supplies at myuhc.com/exchange.

## Insulin administration supplies

### Insulins – $0

| |
|---|
| BASAGLAR KWIKPEN INJECTION 100UNIT |
| HUMALOG CARTRIDGE 100UNIT |
| HUMALOG JR. KWIKPEN 100UNIT |
| HUMALOG KWIK INJECTION (100UNIT, 200UNIT) |
| HUMALOG MIX INJECTION (50/50, 50/50KWP, 75/25KWP) |
| HUMALOG MIX SUSPENSION 75/25 |
| HUMULIN INJECTION (70/30, 70/30KWP) |
| HUMULIN N INJECTION (100UNIT, 100KWP) |
| HUMULIN R INJECTION (100UNIT, 500KWP, 500UNIT |
| INSULIN ASPART INJECTION 70/30 |
| INSULIN LISPRO JR.. KWIKPEN |
| INSULIN LISPRO PROTAMINE KWIKPEN |
| NOVOLOG INJECTION (FLEXPEN, FLEXPEN RELION, PENFILL) |
| NOVOLOG MIX INJECTION (70/30, FLEXPEN RELION, FLEXPEN, RELION INJECTION 70/30) |
| REZVOGLAR KWIKPEN INJECTION 100UNIT |
| TRESIBA FLEX INJECTION (100UNIT, 200UNIT) |
| TRESIBA INJECTION 100UNIT |

### Insulin pumps – $0

Your pharmacy benefit covers Omnipod 5, but you must get a prior authorization before your plan covers it. Additional insulin pumps may be covered under your medical benefit.

## Insulin administration supplies (cont.)

### Blood glucose monitors and supplies – $0

Your pharmacy benefit covers Accu-Chek®, Contour®, and Prodigy® brand blood glucose monitors and test strips.

| |
|---|
| ACCU-CHEK® GUIDE |
| ACCU-CHEK® GUIDE ME |
| CONTOUR® NEXT |
| CONTOUR® NEXT EZ |
| CONTOUR® NEXT GEN |
| CONTOUR® NEXT ONE |
| CONTOUR® PLUS BLUE |
| PRODIGY® AUTOCODE* |
| PRODIGY® AUTOCODE TALKING * |
| PRODIGY® NO CODING* |
| PRODIGY® POCKET* |
| PRODIGY® VOICE* |

### Test strips – $0

| |
|---|
| ACCU-CHEK® GUIDE |
| CONTOUR® NEXT |
| CONTOUR® PLUS |
| PRODIGY® NO CODING* |

*Prior authorization required

### Continuous glucose monitors – $0

Your pharmacy benefit covers Dexcom G6, Dexcom G7, and Free Style Libre, but you must get a prior authorization before your plan covers it.

### Other covered diabetic supplies – $0

| |
|---|
| ALCOHOL PREP PADS |
| AUTOPEN MIS 1-21 UNIT |
| CONTROL SOLUTIONS |
| COUNT-A-DOSE |
| HYDROGEN PEROXIDE 3% |
| LANCETS AND DEVICES |

### Other covered diabetic supplies – $0 (cont.)

| |
|---|
| NOVOPEN ECHO |
| RUBBING ALCOHOL 70% |
| SHARPS CONTAINER |
| URINE TEST STRIPS (ACETONE, ALBUMIN, GLUCOSE, AND KETONES) |

## Medications

### Oral medications – $0

Your plan covers Tier 1 oral anti-diabetic medications at a $0 cost-share.

| |
|---|
| GLIMEPIRIDE (1MG, 2MG, 4MG) |
| GLIPIZIDE (2.5MG, 5MG, 10MG) |
| GLIPIZIDE ER (2.5MG, 5MG, 10MG) |
| METFORMIN (500MG, 850MG, 1000MG, 500MG ER, 1000MG ER) |
| PIOGLITAZONE (15MG, 30MG, 45MG) |

If you are taking a single pill that contains multiple medications, your cost may be lower if you take your medications in separate pills instead of a single pill. For example, glipizide and metformin are available together in a single pill, but you may save money by taking glipizide and metformin in separate pills. Once your plan is active, you can price your medications at **myuhc.com/exchange**. If this saves you money, talk to your healthcare provider.

### Hypoglycemia (low blood sugar) – $0

Your plan covers certain medications for a low blood sugar emergency.

| |
|---|
| BAQSIMI |
| GLUCAGON (GENERIC GLUCAGON KIT) |
| GVOKE (HYPOPEN, KIT, PFS) |



# Frequently asked questions

## Which diabetic supplies are covered?

In addition to prescription coverage, your plan's medical benefit may also cover some diabetic supplies.. All forms of continuous glucose monitors are provided when clinical guidelines are met and when obtained from sources designated by your health plan. Insulin pumps and insulin pump supplies are provided when clinical guidelines are met and when obtained from sources designated by your health plan. Call the phone number on your health plan ID for more information.



## Do I need to meet my deductible to get medications and supplies at $0?

For the medications and products listed as $0, even if your plan has a deductible and you haven't met it, your cost-share is still $0 when filled at a network pharmacy.

## What if my medication or diabetic supply requires a prior authorization or is not covered?

If your health care provider (doctor, nurse practitioner, etc.) determines you need a medication or product that requires a prior authorization or is not covered, they can let us know your medication is medically necessary and provide information about your diagnosis and medication history:

- Online: **professionals.optumrx.com/prior-authorization**
- By phone: **1-800-711-4555**

## Where can I get more information about pharmacy drug coverage and costs?

Visit **myuhc.com/exchange**. You can also call the phone number on your health plan ID. Health care providers can visit **uhcprovider.com/exchange**.

While we have attempted to provide a comprehensive list of $0 covered diabetic supplies, it is always recommended that you refer to your benefit plan materials to determine your coverage for medications and their cost share. Where any differences are noted, the benefit plan documents will govern. For certain drugs as indicated on the Prescription Drug List, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time.

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

All brand-name medications are trademarks or registered trademarks of their respective owners.

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