



# Get to know diabetes

## Your pharmacy benefits

AL, AZ, CO (except for Colorado Option and HSA plans),  
FL, GA, IA, IL, IN, KS, LA, MI, MO, MS, NC, NE, NJ, NM,  
OH, OK, SC, TN, TX, VA, WA, WI, and WY



# Pharmacy drug list

We're here to help you manage your diabetes by using your pharmacy benefits to get your medications and supplies filled at a network pharmacy. Applicable coverage rules or limits such as prior authorization or quantity limits may apply.



## Insulin

What do I pay?

### Insulins

Your plan covers certain insulin:

Basaglar

Humalog and authorized generics

Humulin

Rezvoglar

Tresiba and authorized generics

\$0

### Insulin pumps

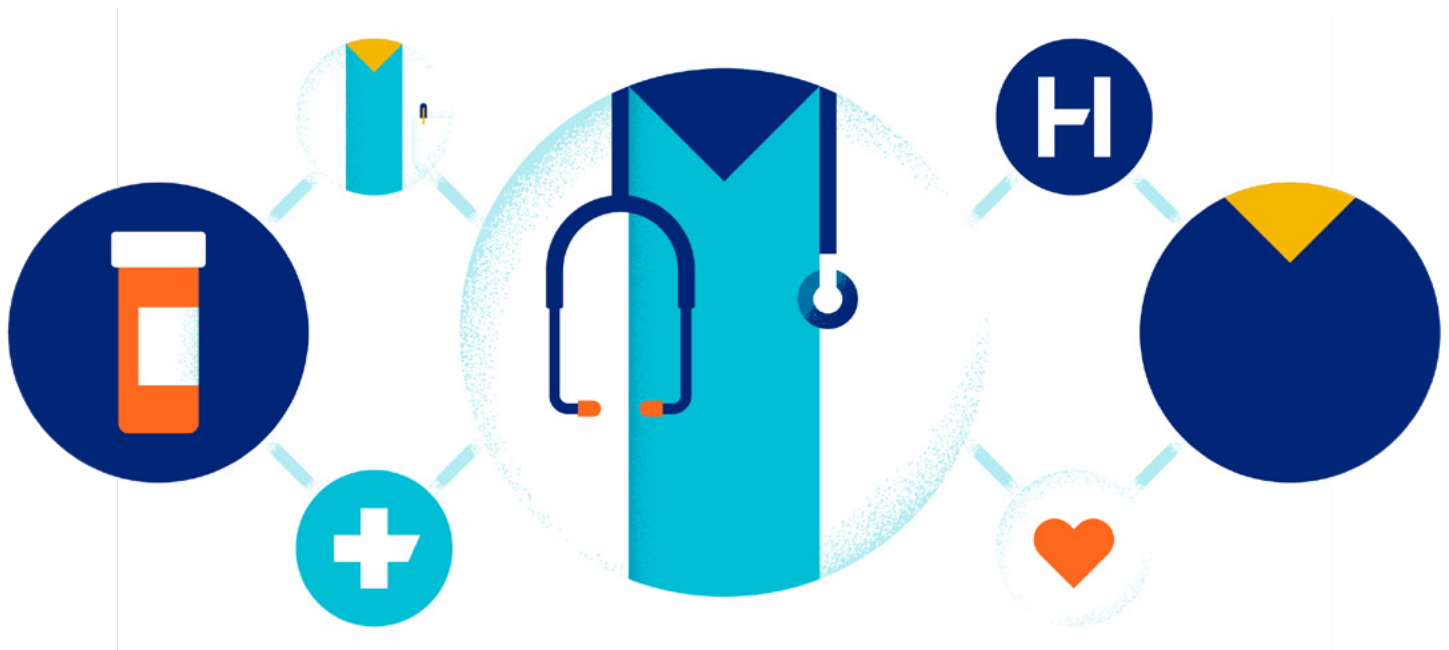
Your pharmacy benefit covers Omnipod 5, but you must get a prior authorization before your plan covers it. Additional insulin pumps may be covered under your medical benefit.

Your plan's  
pharmacy  
cost-share

### Syringes and Needles

Your plan covers syringes and needles to administer your insulin.

\$0





# Medications

What do I pay?

## Oral medications

These medications are your lowest cost options:

acarbose	glyburide/metformin
glimepiride (select strengths)	metformin (select strengths)
glipizide	metformin er (select strengths)
glipizide er	pioglitazone
glyburide	repaglinide

Your plan's  
pharmacy  
cost-share

*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](https://myuhc.com/exchange).*

## Hypoglycemia (low blood sugar)

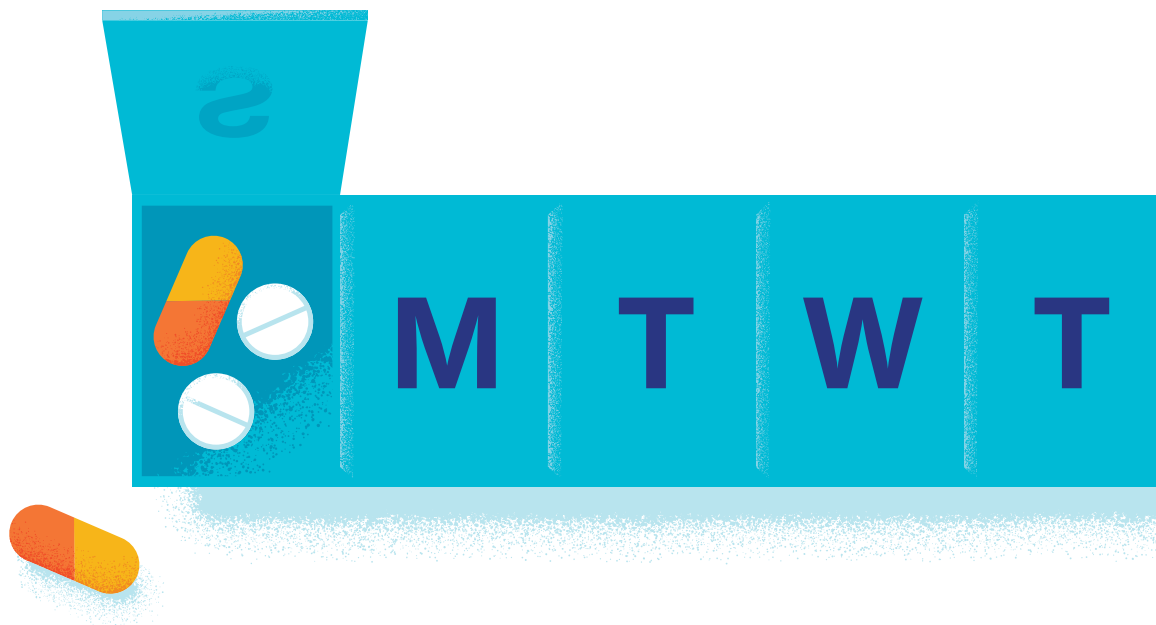
Your plan covers certain medications for a low blood sugar emergency:

Baqsimi	Gvoke
glucagon (generic Glucagon Kit)	Zegalogue

\$0

## More medication options

Your plan covers more medications on your **Prescription Drug List** but it may cost you more.





### Blood glucose monitors and test strips

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

**Your plan's  
pharmacy  
cost-share**

#### Glucose monitors

Accu-Chek® Guide

Accu-Chek® Guide Me

OneTouch® Ultra® 2

OneTouch Verio Flex®

Prodigy Autocode® (Requires prior authorization)

Prodigy Autocode® Blood Glucose Monitoring/Talking (Requires Prior Authorization)

Prodigy Autocode® Blood Glucose Monitoring System (Requires Prior Authorization)

Prodigy® No Coding Blood Glucose (Requires Prior Authorization)

Prodigy Pocket® Blood Glucose Meter Kit (Requires Prior Authorization)

Prodigy Voice® Blood Glucose Meter Kit (Requires Prior Authorization)

#### Test strips

Accu-Chek® Aviva Plus

Accu-Chek® Guide

Accu-Chek® SmartView

OneTouch® Ultra®

OneTouch Verio®

Prodigy® No Coding (Requires prior authorization)

### Continuous glucose monitors (CGM)

Your pharmacy benefit covers Dexcom G6, Dexcom G7, and Free Style Libre but you must get a prior authorization before your plan covers it. Additional CGMs may be covered under your medical benefit.

**Your plan's  
pharmacy  
cost-share**

### Other covered diabetic supplies:

Alcohol pads

Control solutions

Ketone test strips

Lancets

Lancing devices

Sharps container

Urine test strips

**Your plan's  
pharmacy  
cost-share**



## Where can I learn more?

- To learn more about a product on this list, check your **Prescription Drug List** for tier information, coverage rules, and any 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](https://myuhc.com/exchange)**.
- Find a **network pharmacy**. Have your network pharmacy submit a claim to Optum Rx (our pharmacy service provider) to process the claim under your pharmacy benefit.

# Frequently asked questions



## Which diabetic supplies are covered by my medical benefit?

In addition to prescription coverage, your plan's medical benefit may also cover some diabetic supplies, like continuous glucose monitors. Continuous glucose monitors, insulin pumps, and 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 card 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 healthcare 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](https://professionals.optumrx.com/prior-authorization)
- Phone: **1-800-711-4555**

If you need help, you can also start a request at [myuhc.com/exchange](https://myuhc.com/exchange) or by calling the member services number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.





## How can I save money?

- Choose a medication in Tier 1 or Tier 2 for your lowest cost options. If your medication is in a higher tier, you may pay more. Ask your healthcare provider if a lower cost medication can work to treat your condition.
- Check the price of a drug to find your lowest cost options at [myuhc.com/exchange](https://myuhc.com/exchange). For maintenance medications, ordering a 3-month supply may save you money.
- Check the manufacturer's website for savings programs or coupons.



## Need more information about your pharmacy drug coverage and costs?

Visit [myuhc.com/exchange](https://myuhc.com/exchange). You can also call the phone number on your health plan ID card. Healthcare providers can visit [uhcprovider.com/exchange](https://uhcprovider.com/exchange).



\*Refer to your benefit plan materials to determine your coverage for medications and cost share.

Where differences are noted, the benefit plan documents will govern.

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

Certain strengths and dosage forms may be on a higher tier or may not be covered. When searching for medications on your PDL, choose a medications in Tier 1 or Tier 2 for your lowest cost options.

Medical plan coverage offered by Rocky Mountain Health Maintenance Organization, Incorporated. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates.

The benefits described may not be offered on all plans or in all states. Some plans may require copayments, deductibles and/or coinsurance for these benefits. The policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, review the plan coverage documents, or call or write your insurance agent/broker or the company, whichever is applicable.

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