# Preferred diabetic supply and insulin lists

for small group and individual and family plan members

The cost of care for people with diabetes now accounts for approximately one in four health care dollars spent in the United States. With Medica being part of an integrated system of providers, clinics, and hospitals, we're uniquely positioned to offer superior cost-effective diabetic care.

Our health care provider partners encompass all the necessary expertise for comprehensive diabetic care: Certified Diabetic Educators, Registered Medical Nutritionists, Primary Care Providers, and Diabetes Specialists.

By promoting financial stewardship, Medica aims to make health care more affordable and accessible. To this end, the health plan promotes cost-effective prescribing for diabetes through the use of a tiered formulary to favor use of generic products first.

It's important you understand your plan's diabetic prescription benefit to ensure you can get the most out of your coverage. We've put together a comprehensive list of covered items to help manage your diabetes.

Insulins and supplies that aren't included on the list on page two may require exception review by the health plan to determine whether coverage criteria are met, and may be subject to copayments, coinsurance and/or deductible<sup>\*</sup>. Please note that the following list is subject to change. The most current list of medications that qualify for your plan benefit is available on our digital drug formulary at **mo-central.medica.com/preferredbenefits**.

## The covered items are divided into two categories:

- Preferred diabetic supply list \$0 per member, and you will not incur any out-of-pocket costs for preferred items on this list.
- Preferred insulin list capped at \$35 per month\* per member for the preferred insulins on this list.
  \* HDHP members don't have to meet their deductible first.

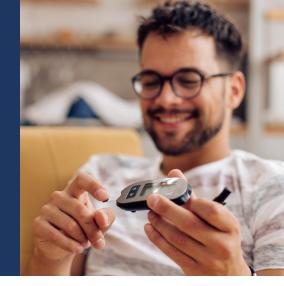


# Questions?

Call us at the number on the back of your ID card. Or visit: **Mo-central.medica.com/Individuals** -and-Families

See page 2 for a list of **preferred diabetic supplies** and **preferred insulin** that qualify for your diabetic prescription benefit.





#### **Preferred diabetic supplies**

Accu-chek Guide Care Meter Accu-chek Guide Me Kit Accu-chek Test Strips (Aviva Plus, Guide, Smartview) **Alcohol Prep Pads** B/D Insulin Syringes/Needles U-100 B/D Insulin Syringes/Needles U-500 **B/D** Pen Needles Bagsimi Nasal Powder **Calibration Liquid** Chemstrip UGK Urine Glucose-Ketones Test Strips Chemstrip-K Urine Test Strips **Clinistix Urine Glucose Test Strips** Dexcom G6 Receiver Dexcom G6 Sensor Dexcom G6 Transmitter Freestyle Libre 2 Reader Freestyle Libre 2 Sensors Freestyle Libre Reader Freestyle Libre Sensors **Glucagen Hypokit** Glucagen Glucagon (RDNA) for Inj Kit Glucagon Emr Glucagon Inj Kit Gvoke Hypopen Gvoke Inj Kit Gvoke PFS Keto-diastix Ketone Test Strips **Ketostix Urine Test Strips** Lancet Kit Lancet Misc Lancets Novofine/Novofine Plus Pen Needles Novotwist Pen Needles Zegalogue

### **Preferred insulin**

**Fiasp Flextouch** Fiasp **Fiasp Penfill** Humulin R U-500 Humulin R U-500 Kwikpen I nsulin Aspart Flexpen Insulin Aspart Insulin Aspart Mix Flexpen Insulin Aspart Mix Insulin Aspart Penfill Levemir Flextouch Levemir Novolin 70/30 Flexpen Novolin 70/30 Novolin N Novolin N Flexpen Novolin R Novolin R Flexpen Novolog Flexpen Novolog Novolog Mix Flexpen Novolog Mix Novolog Penfill Semglee Inj, Insulin Glargine-YFGN Semglee Pen, Insulin Glargine-YFGN Pen Toujeo Max Solostar Toujeo Solostar **Tresiba Flextouch** Tresiba

> This list is not all-inclusive and is subject to change. Step therapy, quantity limits, and prior authorizations may apply to select products. Please refer to your drug formulary for the most current limitations.

