



Get to know diabetes

Your pharmacy benefits

Colorado Option Plans



Pharmacy drug list

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.



Insulin administration supplies

What do I pay?

Insulins

Your plan covers certain insulin:

\$0

Humulin
Basaglar Injection 100Unit
Humalog Injection 100/ML
Humalog Jr Injection 100/ML
Humalog Kwik Injection (100/ML, 200/ML)
Humalog Mix Injection
(50/50, 50/50KWP, 75/25KWP)
Humalog Mix Suspension 75/25
Humulin Injection (70/30, 70/30KWP)
Humulin N Injection (U-100, U-500)
Humulin R Injection (U-100, U-500)
Ins Degl Flx Injection (100Unit, 200Unit)
Insulin Degl Injection
Insulin Aspa Injection 70/30

Insulin Lisp Injection 100/ML
Insulin Lisp Injection Junior
Insulin Lisp Injection Protamin
Levemir Injection
Levemir Injection Flexpen
Novolog Injection (Flex Rel, Flexpen,
Penfill)
Novolog Mix Injection (70/30, Flex Rel,
Flexpen)
Novolog Reli Injection
Rezvoglar Injection 100UT/ML
Tresiba Injection 100Unit
Tresiba Flex Injection (100Unit, 200Unit)

Insulin pumps

Your pharmacy benefit covers Omnipod 5 (G7G6, G7, Libre 2 plus G6), but you must get a prior authorization before your plan covers it. Other insulin pumps may be covered through your medical benefit.

\$0

Supplies

Your plan covers supplies to administer insulin:
Syringes and needles (various types are covered)
Injection aids (Novopen, Autopen)
Administration aids (Prodigy Count-A-Dose)

\$0



Medications

What do I pay?

Oral medications

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

\$0

Glimepiride tab (1mg, 2mg, 4mg)

Glipizide tab (2.5mg, 5mg, 10mg)

Glipizide ER tab (2.5mg, 5mg, 10mg)

Metformin tab (500mg, 850mg, 1000mg, 500mg ER, 1000mg ER)

Pioglitazone tab (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)

Your plan covers certain medications that can help in a low blood sugar emergency:

\$0

Baqsimi

glucagon (generic Glucagon Kit)

Gvoke (hypopen, kit, PFS)

Zegalogue



Blood glucose monitors and supplies

\$0

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

Glucose monitors

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

Accu-Chek® Guide
Contour® Next
Contour® Plus
Prodigy No Coding*

Other supplies

Control solutions
Lancets and devices

*Prior authorization required



Supplies (cont.)

What do I pay?

Continuous blood glucose monitors

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 insulin pumps may be covered through your medical benefit.

\$0

Other covered diabetic supplies:

Alcohol prep pads

Hydrogen peroxide 3%

Insulin pen needles

Rubbing alcohol 70%

Sharps container

Urine test strips (acetone, albumin, glucose, and ketones)

\$0

How can I learn more?

- 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.



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. Applicable cost-share may apply when you obtain your diabetic supplies through your medical benefit. 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 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
- Phone: **1-800-711-4555**





How can I save money?

- Choose a medication in a lower tier for your lowest cost options. If your medication is in a higher tier, you may pay more. Ask your health care 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. 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. You can also call the phone number on your health plan ID card. 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.

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.

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

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