

# 2024 Preferred Diabetic Pharmacy Benefits for Individual & 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 WellFirst Health — Provided by SSM Health Plan — being part of an integrated system of providers, clinics and hospitals, we are 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, WellFirst Health — Provided by SSM Health Plan — 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 is important you understand your plan's diabetic prescription benefit to ensure you can get the most out of your coverage. We have put together a comprehensive list of covered items to help manage your diabetes.

Insulins and supplies that are not 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. 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 [wellfirsthealth.com/preferredbenefits](https://wellfirsthealth.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 preferred insulin per member. For the preferred insulins on this list, members will pay no more than \$35 each month.

\* HDHP members do not have to meet their deductible first.

## Questions about your pharmacy benefits?

Call our Customer Care Team  
at: 877-394-9080

or visit:

<https://mo-central.medica.com/Individuals-and-Families>

See reverse side for a list of **Preferred Diabetic Supplies** and **Preferred Insulin** that qualify for your diabetic prescription benefit.

**We are here to help**  
Visit <https://mo-central.medica.com/Individuals-and-Families>

 **WellFirst Health**<sup>®</sup>  
provided by SSM Health Plan

## 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  
Baqsimi 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-diastring Ketone Test Strips

## Preferred Insulin

Fiasp Flextouch  
Fiasp  
Fiasp Penfill  
Humulin R U-500  
Humulin R U-500 Kwikpen  
Insulin 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

Ketostix Urine Test Strips  
Lancet Kit  
Lancet Misc  
Lancets  
Novofine/Novofine Plus Pen Needles  
Novotwist Pen Needles  
Zegalogue

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.