2023 Blue Shield Individual Medicare Advantage Prescription Drug Plan (IMAPD) and Group Medicare Advantage Prescription Drug Plan (GMAPD) Diabetic Drugs and Supplies Coverage
Summary Chart

September 26, 2022

IMPORTANT: THIS DOCUMENT IS TO BE USED AS A TOOL TO VERBALLY ANSWER QUESTIONS FROM PROSPECTIVE ENROLLEES OR CURRENT MEMBERS ONLY. THIS DOCUMENT IS TO NOT BE ISSUED OR PROVIDED TO PROSPECTIVE ENROLLEES OR CURRENT MEMBERS.

Durable medical equipment will require approval in advance (sometimes called "prior authorization") from Blue Shield of California if the member or their provider want to request durable medical equipment provided by a non-preferred supplier.

2023 IMAPD Plans that cover Roche: *Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield Inspire (HMO), Blue Shield Balance (HMO), Blue Shield Enhanced (HMO), and Blue Shield Select (PPO)*

2023 GMAPD Plans that cover Roche: *Blue Shield 65 Plus (HMO), CCPOA Medical Plan Medicare (PPO), and Blue Shield Medicare (PPO)*

Below is a summary of 2023 Diabetic Drugs & Supplies covered for the above IMAPD and GMAPD plans that cover Roche.

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Diabetic Drugs & Supplies	Product covered under…	Preferred Brand Products (If applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
Glucometers & Glucose Control Solution	**Part B**	• Accu-Chek Kit Aviva PL • Accu-Chek Kit Nano • Accu-Chek Kit Guide	• Accu-Chek (Roche): no • All other glucose monitors: yes	n/a
Blood Glucose Test Strips* *If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.*	**Part B**	• Accu-Chek (Roche)	• Accu-Chek (Roche): no • All other blood glucose test strips: yes	n/a
Lancets *If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.*	**Part B**	n/a	no	n/a
Alcohol Swabs	**Part D**	n/a	no	Tier 2
Insulin Needles & Syringes	**Part D**	n/a	no	Tier 3
Insulin Pens & Vials	**Part D**	• Humalog • Humulin • Lantus • Toujeo • Insulin Lispro (Biosimilar to Humalog)	no	Tier 3
Non-Insulin Injectable Diabetic	**Part D**	• Ozempic	no	Tier 3

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Diabetic Drugs & Supplies	Product covered under…	Preferred Brand Products (If applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
Drugs		• Trulicity • Victoza		
Oral Diabetic Drugs	**Part D**	• Glyxambi • Janumet • Januvia • Jardiance • Jentadueto • Synjardy • Tradjenta	no	Tier 3

2023 IMAPD Plans that cover FreeStyle: Blue Shield AdvantageOptimum Plan (HMO), Blue Shield AdvantageOptimum Plan 1 (HMO), Blue Shield TotalDual Plan (HMO D-SNP), Blue Shield Inspire (HMO D-SNP)

Below is a summary of 2023 Diabetic Drugs & Supplies covered for the above IMAPD plans that cover FreeStyle.

Diabetic Drugs & Supplies	Product covered under…	Preferred Brand Products (if applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
Glucometers & Glucose Control Solution	**Part B**	• FreeStyle InsuLinx • FreeStyle Lite • FreeStyle Freedom Lite	• FreeStyle: no • All other glucose monitors: yes	n/a

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Diabetic Drugs & Supplies	Product covered under…	Preferred Brand Products (if applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
		• Precision		
Blood Glucose Test Strips* *If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.*	**Part B**	• FreeStyle InsuLinx • FreeStyle • FreeStyle Lite • Precision Xtra	• FreeStyle: no • All other blood glucose test strips: yes	n/a
Lancets *If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.*	**Part B**	n/a	no	n/a
Alcohol Swabs	**Part D**	n/a	no	Tier 2
Insulin Needles & Syringes	**Part D**	n/a	no	Tier 2
Insulin Pens & Vials	**Part D**	• Humalog • Humulin • Lantus • Toujeo • Insulin Lispro (Biosimilar to Humalog)	no	Tier 3
Non-Insulin Injectable Diabetic Drugs	**Part D**	• Ozempic • Trulicity • Victoza	no	Tier 3
Oral Diabetic Drugs	**Part D**	• Glyxambi	no	Tier 3

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Diabetic Drugs & Supplies	Product covered under…	Preferred Brand Products (if applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
		• Janumet • Januvia • Jardiance • Jentadueto • Synjardy • Tradjenta		

Note: This Diabetic Drugs and Supplies Coverage Summary Chart is current as of <date>, please refer to the 2023 plan formulary located at links below for the most up-to-date information.

- Medicare: blueshieldca.com/medformulary2023

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