



Save on condition-related prescriptions

With the Co-pay/Co-insurance Waiver Program, you may not have to pay any co-pay or co-insurance for certain medications. If you are participating in and meet the requirements of a disease management program for diabetes, asthma, CAD or medication addiction treatment, the program may cover co-pays or co-insurance for certain medications used to treat that condition.

See your health plan documents for additional details or call UnitedHealthcare at **888-364-6352**.

2024 Open Enrollment | [whyuhc.com/shbp](https://www.whyuhc.com/shbp)

Co-pay waiver benefit for HMO Plan

State Health Benefit Plan (SHBP) members not enrolled in a Disease Management Program as of Jan. 1, 2024, may contact UnitedHealthcare using our toll-free number, **888-364-6352**. Ask to speak with a nurse in order to be enrolled in a Disease Management Program.

OR

A UnitedHealthcare nurse will reach out to qualified SHBP members to enroll them in a Disease Management Program.

Once a member has met the Disease Management Pharmacy Co-pay Waiver Program requirements and enrolls, UnitedHealthcare will notify CVS Caremark® so they can begin waiving the co-pay for the member's qualified medications (see medication list on the next page).

Co-insurance waiver benefit for High Deductible Health Plan (HDHP)

State Health Benefit Plan (SHBP) members not enrolled in a Disease Management Program as of Jan. 1, 2024, may contact UnitedHealthcare using our toll-free number, **888-364-6352**. Ask to speak with a nurse in order to be enrolled in a Disease Management Program.

OR

A UnitedHealthcare nurse will reach out to qualified SHBP members to enroll them in a Disease Management Program.

Once a member has met the Disease Management Pharmacy Co-insurance Waiver Program requirements and enrolls, UnitedHealthcare will notify CVS Caremark® of the member's enrollment and the following will occur:

- Enrolled HDHP members will pay for their qualified program medications (see medication list below) out of pocket until the initial deductible requirement (\$1,600 individual/\$3,200 family) has been met
- UnitedHealthcare will credit the member's Health Incentive Account (HIA) in the amount of the co-insurance paid to purchase the qualified medication for future reimbursement
- Once the member has satisfied their initial deductible requirement (\$1,600 individual/\$3,200 family), UnitedHealthcare will reimburse the member from their HIA for future eligible medical and pharmacy expenses
- Once the HDHP member has fully satisfied their deductible, CVS Caremark will waive the pharmacy co-insurance at the point of sale for qualified medications

To be eligible for the program:

- An SHBP member must be actively participating in the Coronary Artery Disease (CAD), Diabetes, Asthma Disease Management Programs and/or Medication for Addiction Treatment Programs
- Active participation includes, but is not limited to:
 - Monthly follow up with a UnitedHealthcare nurse
 - Scheduled physician appointments on a regular basis
 - Obtaining needed testing and sharing results with a UnitedHealthcare nurse
- + Diabetes Program requirements include A1C testing twice yearly and annual cholesterol screenings
- + CAD Program requirements include annual cholesterol screenings
- + Asthma Program requirements include testing as required by the member's physician
- Taking medications as prescribed
- Completing the RealAge® Test online through Sharecare at BeWellSHBP.com
- Setting goals to improve health
- The eligible member should allow 14 days before the enrollment is active

The 2024 State Health Benefit Plan Co-pay/Co-insurance Waiver Medication List

Asthma

Breo Ellipta
Budesonide Nebulizer Susp
Fluticasone-Salmeterol
Ipratropium Bromide
Ipratropium-Albuterol
Pulmicort Flexhaler
Spiriva Handihaler
Spiriva Respimat
Trelegy Ellipta
Wixela Inhub

Coronary Artery Disease

Benazepril HCL
Benazepril and HCTZ
Captopril
Captopril and HCTZ
Enalapril Maleate
Enalapril and HCTZ
Fosinopril
Fosinopril and HCTZ
Lisinopril

Lisinopril and HCTZ
Moexipril
Moexipril and HCTZ
Perindopril Erbumine
Quinapril
Quinapril and HCTZ
Ramipril
Trandolapril

Diabetes

Acarbose
Accu-Chek Compact Test Strips
Accu-Chek Aviva Test Strips
Accu-Chek Smart Test Strips
Accu-Chek Guide Test Strips
Accu-Chek Lancets
Chlorpropamide
Dexcom G6 Sensors, Transmitters and Receivers
Dexcom G7 Sensors, Transmitters and Receivers*
Farxiga

Fiasp
Glimepiride
Glipizide
Glipizide ER
Glipizide XL
Glipizide-Metformin
Glyburide
Glyburide Micronized
Glyburide-Metformin
Glyxambi
Humulin R U-500
Insulin Syringes and Needles**
Janumet/Janumet XR
Januvia
Jardiance
Lantus
Metformin
Metformin ER (PA Required)
Mounjaro (PA Required)
Nateglinide
Novolog Cartridge
Novolog Mix 70/30 Pen

*The Dexcom G7 is currently not compatible with insulin pumps/delivery systems and digital health app.

**BD ULTRAFINE syringes and needles are the only preferred options.

The symbol (PA Required) next to a drug name indicates that a prior authorization is required for coverage. All rights in the product names of all third-party products listed, whether or not appearing with the trademark symbol, belong exclusively to their respective owners.

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The 2024 State Health Benefit Plan Co-pay/Co-insurance Waiver Medication List (continued)

Diabetes

Novolog Mix 70/30 Vial
Novolog Pen
Novolog Vial
Novolin Mix 70/30 Pen
Novolin Mix 70/30 Vial
Novolin N Pen
Novolin N Vial
Novolin R Vial
Omnipod Insulin Pump/Dash
OneTouch Lancets
OneTouch Verio Test Strips
OneTouch Verio Flex Test Strips
OneTouch Verio Reflect Test Strips
OneTouch Ultra Test Strips
Ozempic (PA Required)
Pioglitazone

Pioglitazone-Metformin
Pioglitazone-Glimepiride
Repaglinide
Repaglinide-Metformin
Rybelsus (PA Required)
Soliqua
Symlin (PA Required)
Synjardy/Synjardy XR
Tolazamide
Tolbutamide
Toujeo
Tresiba Flextouch
Trijardy XR
Trulicity (PA Required)
Victoza (PA Required)
Xigduo XR
Xultophy

Medication for Addiction Treatment

Acamprosate Calcium DR
Buprenorphine HCLSL
Buprenorphine HCL/Naloxone
Disulfiram
Naltrexone HCL

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Healthcare®



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ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

SHBP Open Enrollment

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