



# 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**.

2025 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 January 1, 2025, 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 January 1, 2025, 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 (\$1,650 individual/\$3,300 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 (\$1,650 individual/\$3,300 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 2025 State Health Benefit Plan Co-pay/Co-insurance Waiver Medication List

### Asthma

Asmanex HFA  
Breo Ellipta<sup>1</sup>  
Breyna  
Budesonide/Formoterol INH<sup>2</sup>  
Budesonide Nebulizer SUSP  
Fluticasone Salmeterol Aer Powder<sup>3</sup>  
Ipratropium Bromide – Oral Inhaler  
Ipratropium Albuterol  
Pulmicort Flexhaler  
Spiriva Handihaler  
Spiriva Respimat  
Trelegy Ellipta  
Wixela Inhub

Captopril and HCTZ  
Enalapril and HCTZ  
Enalapril Maleate  
Fosinopril  
Fosinopril and HCTZ  
Lisinopril  
Lisinopril and HCTZ  
Moexipril  
Moexipril and HCTZ  
Perindopril Erbumine  
Quinapril  
Quinapril and HCTZ  
Ramipril  
Trandolapril

Accu-Chek Lancets  
Accu-Chek Smart Test Strips  
Chlorpropamide  
Dexcom G6 Sensors, Transmitters and Receivers  
Dexcom G7 Sensors and Receivers<sup>4</sup>  
Farxiga  
Fiasp  
Glimepiride  
Glipizide  
Glipizide ER  
Glipizide-Metformin  
Glipizide XL  
Glyburide  
Glyburide-Metformin  
Glyburide Micronized  
Glyxambi  
Humulin R U-500

### Coronary Artery Disease

Benazepril HCL  
Benazepril and HCTZ  
Captopril

### Diabetes

Acarbose  
Accu-Chek Aviva Test Strips  
Accu-Chek Guide Test Strips

<sup>1</sup> Breo Ellipta - Covered NDCs 00173085910, 00173088210, 00173091610

<sup>2</sup> Generic for SYMBICORT

<sup>3</sup> FLUTICASONE- SALMETEROL - Covered NDC's 00054032656, 00093751731, 00054032756, 00093751831, 00093751631

<sup>4</sup> FLUTICASONE - SALMETEROL - NOT Covered NDC's 66993058497, 66993058597, 66993058669, 66993008696, 66993008796, 66993008896, 00093360782, 00093360882, 00093360982

<sup>5</sup> The DEXCOM G7 May be compatible with certain pumps. Please check pump for compatibility.

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# The 2025 State Health Benefit Plan Co-pay/Co-insurance Waiver Medication List (continued)

## Diabetes

Insulin Glargine-YFGN<sup>5</sup>  
Insulin Syringes/Needles<sup>6</sup>  
Jardiance  
Lantus  
Liraglutide<sup>7</sup>  
Metformin  
Metformin ER (PA Required)  
Mounjaro (PA Required)  
Nateglinide  
Novolog Cartridge  
Novolog Mix 70/30 Pen  
Novolog 70/30 Vial  
Novolin N Vial  
Novolin Pen  
Novolin R Vial  
Omnipod Insulin Pump/Dash  
OneTouch Lancets

OneTouch Ultra Test Strips  
OneTouch Verio Flex Test Strips  
OneTouch Verio Reflect Test Strips  
OneTouch Verio Test Strips  
Ozempic (PA Required)  
Pioglitazone  
Pioglitazone-Glimepiride  
Pioglitazone-Metformin  
Rybelsus (PA Required)  
Saxagliptin  
Saxagliptin/Metformin EXT REL  
Soliqua  
Symlin  
Synjardy  
Synjardy XR  
Tolazamide  
Tolbutamide  
Toujeo

Tresiba Flextouch  
Trijardy XR  
Trulicity (PA Required)  
Twist Kit  
Xigduo XR  
Xultophy  
Zituvio  
Zituvimet/XR

## Medication for Addiction Treatment

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

<sup>5</sup>Generic for Semglee

<sup>6</sup>BD ULTRAFINE syringes and needles are the only preferred options.

<sup>7</sup>Generic for VICTOZA

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SHBP Open Enrollment

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