



2025 Blue Shield Individual Medicare Advantage Prescription Drug Plan (IMAPD) and Group Medicare Advantage Prescription Drug Plan (GMAPD)  
Diabetic Drugs and Supplies Coverage  
Summary Chart

October 2024

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**IMPORTANT: THIS DOCUMENT IS TO BE USED AS A TOOL TO VERBALLY ANSWER QUESTIONS FROM PROSPECTIVE ENROLLEES OR CURRENT MEMBERS ONLY. THIS DOCUMENT IS NOT TO 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 wants to request durable medical equipment provided by a non-preferred supplier.

**2025 IMAPD Plans that prefer Roche:** *Blue Shield 65 Plus (HMO), Blue Shield 65 Plus Choice Plan (HMO), Blue Shield 65 Plus Plan 2 (HMO), Blue Shield Inspire (HMO), and Blue Shield Select (PPO)*

**2025 GMAPD Plans that prefer Roche:** *Blue Shield 65 Plus (HMO), CCPOA Medical Plan Medicare (PPO), and Blue Shield Medicare (PPO)*

**Below is a summary of 2025 Diabetic Drugs & Supplies for the above IMAPD and GMAPD plans that prefer Roche.**

Diabetic Drugs & Supplies	Product covered under...	Preferred Brand Products (If applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
<b>Glucometers &amp; Glucose Control Solution</b>	Part B	<ul style="list-style-type: none"> <li>Accu-Chek Kit Guide</li> </ul>	<ul style="list-style-type: none"> <li>Accu-Chek (Roche): no</li> <li>All other glucose monitors: yes</li> </ul>	n/a
<b>Blood Glucose Test Strips</b> <i>If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.</i>	Part B	<ul style="list-style-type: none"> <li>Accu-Chek (Roche)</li> </ul>	<ul style="list-style-type: none"> <li>Accu-Chek (Roche): no</li> <li>All other blood glucose test strips: yes</li> </ul>	n/a
<b>Lancets</b> <i>If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.</i>	Part B	n/a	no	n/a
<b>Alcohol Swabs</b>	Part D	n/a	no	GMAPD: Tier 1 IMAPD: Tier 2
<b>Insulin Needles &amp; Syringes</b>	Part D	n/a	no	GMAPD: Tier 2 IMAPD: Tier 3
<b>Insulin Pens &amp; Vials</b>	Part D	<ul style="list-style-type: none"> <li>Humalog Pens</li> <li>Humulin</li> <li>Insulin Lispro (Biosimilar to Humalog)</li> <li>Lantus</li> </ul>	no	GMAPD: Tier 2 IMAPD: Tier 3

Diabetic Drugs & Supplies	Product covered under...	Preferred Brand Products (If applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
		<ul style="list-style-type: none"> <li>Toujeo</li> </ul>		
Non-Insulin Injectable Diabetic Drugs	Part D	<ul style="list-style-type: none"> <li>Ozempic</li> <li>Trulicity</li> </ul>	yes	GMAPD: Tier 2 IMAPD: Tier 3
Oral Diabetic Drugs	Part D	<ul style="list-style-type: none"> <li>Farxiga</li> <li>Glyxambi</li> <li>Janumet</li> <li>Januvia</li> <li>Jardiance</li> <li>Jentadueto</li> <li>Synjardy</li> <li>Tradjenta</li> <li>Xigduo</li> </ul>	no	GMAPD: Tier 2 IMAPD: Tier 3

**2025 IMAPD Plans that prefer 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 2025 Diabetic Drugs & Supplies for the above IMAPD plans that prefer FreeStyle.**

Diabetic Drugs & Supplies	Product covered under...	Preferred Brand Products (if applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
<b>Glucometers &amp; Glucose Control Solution</b>	<b>Part B</b>	<ul style="list-style-type: none"> <li>FreeStyle InsuLinx</li> <li>FreeStyle Lite</li> <li>FreeStyle Freedom Lite</li> <li>Precision</li> </ul>	<ul style="list-style-type: none"> <li>FreeStyle: no</li> <li>All other glucose monitors: yes</li> </ul>	n/a
<b>Blood Glucose Test Strips</b> <i>If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.</i>	<b>Part B</b>	<ul style="list-style-type: none"> <li>FreeStyle InsuLinx</li> <li>FreeStyle</li> <li>FreeStyle Lite</li> <li>Precision Xtra</li> </ul>	<ul style="list-style-type: none"> <li>FreeStyle: no</li> <li>All other blood glucose test strips: yes</li> </ul>	n/a
<b>Lancets</b> <i>If the member uses insulin, they can get 300 strips/lancets per 90 days. Noninsulin users can get 100 strips/lancets per 90 days.</i>	<b>Part B</b>	n/a	no	n/a
<b>Alcohol Swabs</b>	<b>Part D</b>	n/a	no	Tier 2
<b>Insulin Needles &amp; Syringes</b>	<b>Part D</b>	n/a	no	Tier 3
<b>Insulin Pens &amp; Vials</b>	<b>Part D</b>	<ul style="list-style-type: none"> <li>Humalog Pens</li> <li>Humulin</li> <li>Insulin Lispro (Biosimilar to Humalog)</li> <li>Lantus</li> <li>Toujeo</li> </ul>	no	Tier 3

Diabetic Drugs & Supplies	Product covered under...	Preferred Brand Products (if applicable)	Prior Authorization Required?	Tier Number (Part D covered products)
Non-Insulin Injectable Diabetic Drugs	Part D	<ul style="list-style-type: none"> <li>• Ozempic</li> <li>• Trulicity</li> </ul>	yes	Tier 3
Oral Diabetic Drugs	Part D	<ul style="list-style-type: none"> <li>• Farxiga</li> <li>• Glyxambi</li> <li>• Janumet</li> <li>• Januvia</li> <li>• Jardiance</li> <li>• Jentadueto</li> <li>• Synjardy</li> <li>• Tradjenta</li> <li>• Xigduo</li> </ul>	no	Tier 3

**Note:** This Diabetic Drugs and Supplies Coverage Summary Chart is current as of 10/1/2024; please refer to the applicable 2025 plan formulary located at the link below for the most up-to-date information.

- Medicare: [blueshieldca.com/medformulary2025](https://www.blueshieldca.com/medformulary2025)