

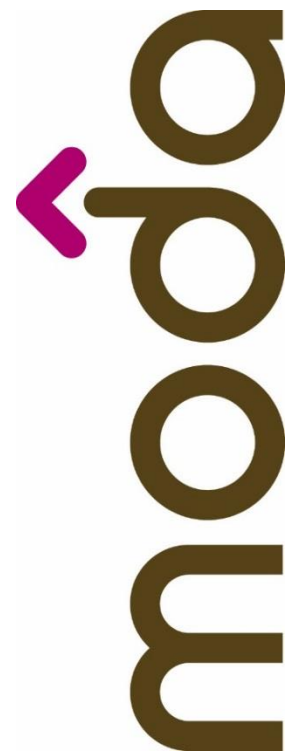
# Preferred Diabetes Supplies & Insulins

## Large group

Refer to the charts below for preferred diabetes testing supplies and insulins covered by Moda Health.

For medications and supplies not listed, Moda Health provides an online drug price check tool for members. You can access this resource by logging in to your myModa account at [modahealth.com](http://modahealth.com) and choosing the Pharmacy tab.

You may qualify for a free meter. To get started with one of our preferred brands, contact Abbott or Bayer by phone or visit them online.



	Products offered	Phone number	Website
<b>Abbott</b>	Freestyle Lite Freestyle Freedom Lite	1-888-522-5226	<a href="http://www.choosefreestyle.com">www.choosefreestyle.com</a> enter code KYDCW4DQ
<b>Ascensia (formerly Bayer)</b>	Contour Next Contour Next EZ Contour Next ONE	1-800-401-8440	<a href="http://www.ContourNextFreeMeter.com">www.ContourNextFreeMeter.com</a> enter code BDC-MOD

**Questions?** For more information about the restrictions on the products below, please visit [modahealth.com](http://modahealth.com) or call us toll-free at 888-361-1610.

	Medication name	Dosage form	Restrictions
<b>Glucose Monitor Test Strips</b>	Contour	Strip	Limited to 300 strips per 30 day supply
	Contour Next	Strip	Limited to 300 strips per 30 day supply
	Freestyle InsuLinx	Strip	Limited to 300 strips per 30 day supply
	Freestyle Lite Strips	Strip	Limited to 300 strips per 30 day supply
	Freestyle Precision Neo	Strip	Limited to 300 strips per 30 day supply
	Freestyle Test Strips	Strip	Limited to 300 strips per 30 day supply
	Freestyle Xtra	Strip	Limited to 300 strips per 30 day supply
<b>Insulins</b>	Apidra	Vial	Prior authorization required Limited to 60ml per 30 day supply
	Apidra Solostar	Insulin Pen	Prior authorization required Limited to 60ml per 30 day supply
	Basaglar Kwikpen U-100	Insulin Pen	Limited to 60ml per 30 day supply Must try/fail Lantus, Lantus Solostar or Toujeo Solostar
	Fiasp	Vial	Limited to 60ml per 30 day supply
	Fiasp Flextouch	Insulin Pen	Limited to 60ml per 30 day supply
	Fiasp Penfill	Cartridge	Limited to 60ml per 30 day supply
	Humulin R U-500	Vial	Limited to 20ml per 30 day supply
	Humulin R U-500 Kwikpen	Insulin Pen	Limited to 18ml per 30 day supply
	Insulin Aspart	Vial	Limited to 60ml per 30 day supply
	Insulin Aspart Flexpen	Insulin Pen	Limited to 60ml per 30 day supply
	Insulin Aspart Penfill	Cartridge	Limited to 60ml per 30 day supply
	Insulin Aspart Prot-Insulin Asp	Vial	Limited to 60ml per 30 day supply
	Insulin Aspart Prot-Insulin Asp	Insulin	Limited to 60ml per 30 day supply
	Insulin Lispro	Vial	Prior authorization required Limited to 60ml per 30 day supply
	Insulin Lispro Junior Kwikpen	Ins Pen Hf	Prior authorization required Limited to 60ml per 30 day supply

	Medication name	Dosage form	Restrictions
<b>Insulins</b> <i>(Continued)</i>	Insulin Lispro Kwikpen U-100	Insulin Pen	Prior authorization required Limited to 60ml per 30 day supply
	Insulin Lispro Protamine Mix	Insulin Pen	Prior authorization required Limited to 60ml per 30 day supply
	Lantus	Vial	Limited to 60ml per 30 day supply
	Lantus Solostar	Insulin Pen	Limited to 60ml per 30 day supply
	Levemir	Vial	Limited to 60ml per 30 day supply Must try/fail Lantus or Toujeo
	Levemir Flextouch	Insulin Pen	Limited to 60ml per 30 day supply Must try/fail Lantus or Toujeo
	Novolin 70-30	Vial	Limited to 60ml per 30 day supply
	Novolin 70-30 Flexpen	Insulin Pen	Prior authorization required Limited to 60ml per 30 day supply
	Novolin N	Vial	Limited to 60ml per 30 day supply
	Novolin R	Vial	Limited to 60ml per 30 day supply
	Novolin R Flexpen	Insulin Pen	Limited to 60ml per 30 day supply
	Novolog	Cartridge, Vial	Limited to 60ml per 30 day supply
	Novolog Flexpen	Insulin Pen	Limited to 60ml per 30 day supply
	Novolog Mix 70-30	Vial	Limited to 60ml per 30 day supply
	Novolog Mix 70-30 Flexpen	Insulin Pen	Limited to 60ml per 30 day supply
	Toujeo Max Solostar	Insulin Pen	Limited to 18ml per 30 day supply
	Toujeo Solostar	Insulin Pen	Limited to 18ml per 30 day supply
	Tresiba	Vial	Must try/fail Lantus or Toujeo
	Tresiba Flextouch U-100	Insulin Pen	Must try/fail Lantus or Toujeo
Tresiba Flextouch U-200	Insulin Pen	Must try/fail Lantus or Toujeo	

This document is provided for informational purposes only and is intended as a quick reference. For cost and further details of the coverage, including exclusions, prior authorization requirements, any reduction or limitations and the terms under which the policy may be continued in force, contact Moda Health.

*Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska*

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

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**If you need any of the above, call Customer Service at:**

888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint.**

**Please mail or fax it to:**

Moda Partners, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ہوتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TTY: 711) 1-877-605-3229 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

အကူအညီ: ဤတမ်း (ဗမာပြည်နှင့် ကရင်ပြည် အပါအဝင်) ဝါးဝါး ဖြစ်ပါက တိုင်းဒေသကြီးများတွင် အခမဲ့ ဝါးဝါး မူဝါဒကို အသုံးပြုနိုင်ပါသည်။ 1-877-605-3229 (TTY: 711) ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)