



# TYPE 2 DIABETES THERAPIES INSURANCE COVERAGE WORKSHEET



## PROVIDER SECTION (have your healthcare provider complete this section)

Provider Name: \_\_\_\_\_

I am recommending the patient check their insurance coverage for the following (check all that apply):

- GLP-1 RA    
  SGLT2i    
  Continuous Glucose Monitor (CGM)    
  Glucose Meter & Test Strips

## PATIENT SECTION (call your insurance company to complete this section)

### Find your insurance company contact information on the back of your insurance card.

If you cannot locate your card, you can search the web for your insurance company's phone number.

EXAMPLE CARD FRONT

	Plan Name Here
Subscriber Name: JOHN DOE	Group No.: 123456789
Subscriber ID: YYP123456789	Address: 01234
	Effective Date: 01/01/22
Members: JANE	Member Responsibility: 01 SELF/INDIVIDUAL \$2,000/\$10,000
SAM	02 COP MAX/INDIVIDUAL \$8,700/No Max
	Primary/INN \$10
	Specialist/INN \$150
	URG CARE/INN \$150/20% after ded
	Drug Tier 1 \$5 after Rx ded
	Drug Tier 2 & 3 50% after Rx ded
	Rx Deductible \$2,000

EXAMPLE CARD BACK

	Customer Service: 1-800-338-8887
	TU/TH/SD: 1-800-442-7026
	Fri-Sat: 1-800-224-9190
	Member Helpline: 1-800-338-2522
	Health Plan Provider: 1-800-615-2884
	Pharmacy Services: 1-800-615-2884
	Prior Review/Certification: 1-800-615-2887
	Pharmacy Help Desk: 1-800-615-2882
	TeleDoc: 1-800-615-2882
Providers should send claims to their local BlueCross BlueShield Plan.	
<b>CONTACT INFO</b>	

### BASIC INFORMATION

Name of representative at insurance company: \_\_\_\_\_

Do I have prescription drug coverage?  Yes  No

Do I have a deductible?  Yes  No

If yes: What is my deductible? \$ \_\_\_\_\_ How much of my deductible has been met? \$ \_\_\_\_\_

### MEDICATIONS (complete this section if you were prescribed a GLP-1 RA or SGLT2i)

What is my deductible for medications, and have I met it?

Deductible: \$ \_\_\_\_\_ Currently met: \$ \_\_\_\_\_

What is my preferred local pharmacy? \_\_\_\_\_

What is my preferred mail order pharmacy? \_\_\_\_\_

Are the medications I am on currently preferred?  Yes  No

COMPLETE FOR GLP-1 RA OR SGLT2i

#### What is/are my plans preferred SGLT2is?

- Dapagliflozin (Farxiga)  
 Canagliflozin (Invokana)  
 Empagliflozin (Jardiance)  
 Ertugliflozin (Steglatro)

How much is my copay for this medication?  
\$ \_\_\_\_\_

Is a 90-day supply available?  Yes  No

If yes:  By Local Pharmacy  
 By Mail Order Pharmacy

#### What is/are my plans preferred GLP-1 RAs?

- Dulaglutide (Trulicity)      Exenatide (Byetta)  
 Liraglutide (Victoza)      Exenatide XR  
 Semaglutide (Ozempic)     (Bydureon BCise)  
 Semaglutide (Rybelsus)

How much is my copay for this medication?  
\$ \_\_\_\_\_

Is a 90-day supply available?  Yes  No

If yes:  By Local Pharmacy  
 By Mail Order Pharmacy

**PATIENT SECTION CONT.** (call your insurance company to complete this section)

**CONTINUOUS GLUCOSE MONITOR** (complete this section if you were prescribed a CGM)

Does my plan cover a Continuous Glucose Monitor for my type 2 diabetes?  Yes  No

If yes, is it covered as a pharmacy benefit or a durable medical equipment (DME) benefit?

Pharmacy: If yes, what brand is preferred: \_\_\_\_\_

DME: If yes, what brand is preferred: \_\_\_\_\_

Does it require prior authorization?  Yes  No

Do I have to be on a certain number of insulin doses or test my blood sugar a certain number of times per day?

Insulin doses: If yes, how many? \_\_\_\_\_

Blood sugar tests: If yes, how many? \_\_\_\_\_

COMPLETE  
FOR CGM

**What is my out-of-pocket cost for Freestyle Libre 2?**

Sensors? \$ \_\_\_\_\_

Reader? \$ \_\_\_\_\_

**What is my out-of-pocket cost for Dexcom G6?**

Sensor? \$ \_\_\_\_\_

Transmitter? \$ \_\_\_\_\_

Reader: \$ \_\_\_\_\_

**GLUCOSE METER & TEST STRIPS**

What is/are my preferred glucometer(s)? \_\_\_\_\_

Is the meter covered as a pharmacy benefit or a durable medical equipment (DME) benefit?


Pharmacy: If yes, what brand is preferred: \_\_\_\_\_

DME: If yes, what brand is preferred: \_\_\_\_\_

What is my cost for a box of 100 test strips? \$ \_\_\_\_\_

COMPLETE  
FOR GLUCOSE  
METER & TEST  
STRIPS

**LEARN THE LINGO** (common insurance terms and their definitions)

 <b>Deductible</b>	Predetermined amount that must be paid annually before insurance pays for anything.
<b>Copayment</b>	Set amounts paid for a particular service (e.g., \$10 for a visit to the primary care clinician or \$15 per medication prescription filled).
<b>Coinsurance</b>	Amount you pay after your deductible is met and your insurance pays their portion; only applies to prescriptions and services that are covered under your health plan.
<b>Medication Tiers</b>	Levels of insurance medication coverage; you pay a smaller amount in lower tiers and a larger amount in higher tiers.
<b>Out-of-pocket maximum</b>	Annual limit on what you pay before your insurance pays 100% of covered services; deductibles, copayments, and coinsurance all apply toward the out-of-pocket maximum.
<b>Prior Authorization</b>	Request made by your provider to your insurance company for coverage of a medication or service.
<b>Quantity Limit</b>	Limitation on the number of medications or services covered for a period of time.
<b>Step Therapy</b>	Medication(s) that you must have tried prior to approval of the requested medication. For example, step therapy with metformin is often required prior to approval of non-insulin diabetes medications.