



# 2025 UnitedHealth Group \$0 Cost Share Diabetes Medication List

This is a list of **diabetes medications and supplies** that is covered at a \$0 cost share when filled at Optum® Home Delivery. Some medication may have requirements such as prior authorization.

This list may not be all-inclusive. Brand and generic drugs may not always be available due to market changes.

This list applies to UnitedHealth Group medical plans.

**\$0 cost share for  
diabetes drugs filled at  
Optum Home Delivery**

## You can switch to the convenience of Optum Home Delivery

Medication and supplies delivered right to your door. No hassle, no trip to the pharmacy. Plus, you may call and speak to a pharmacist any time, day or night.

To place your prescription order:

- Sign in to [myuhc.com](https://myuhc.com)>Pharmacies & Prescriptions>Additional resources>Request a prescription. Or, if you are a Surest member, log into [optumrx.com](https://optumrx.com).
- Call the number on the back of your health plan ID card.

Optum Home Delivery will contact your doctor to get a prescription for a 3-month supply of your medication.

Therapeutic Drug Classes
<b>Diabetes: Oral</b>
Acarbose (All strengths)
Glimepiride (All strengths)
Glipizide (All strengths)
Glipizide ER (All strengths)
Glipizide XL (All strengths)
Glyburide (All strengths)
Glyburide Micronized (All strengths)
Glyburide/Metformin Hydrochloride (All strengths)
<b>Jardiance (All strengths)</b>

Therapeutic Drug Classes
<b>Diabetes: Oral (continued)</b>
Metformin (All strengths)
Metformin ER (750 mg)
Pioglitazone Glimepiride (All strengths)
Pioglitazone (All strengths)
Tolbutamide (500 mg)

**Bold type = Brand-name drug**  
[Plain type = Generic drug]

United  
Healthcare

Optum

## Therapeutic Drug Classes

### Diabetes: Supply

OneTouch Club Lancets Fine Point

OneTouch Delica Lancets Extra Fine 33g

OneTouch Delica Lancets Fine 30g

OneTouch Delica Lancing Device

OneTouch Delica Plus Lancets Extra Fine 33g

OneTouch Delica Plus Lancets Fine 30g

OneTouch Delica Plus Lancing Device

OneTouch Finepoint Lancets

OneTouch Suresoft Lancing Device 18g

OneTouch Suresoft Lancing Device 21g

OneTouch Suresoft Lancing Device 28g

OneTouch Ultra Test Strips

OneTouch Ultra 2 Blood Glucose Monitoring System

OneTouch Ultra Control

OneTouch Ultra Mini Blood Glucose Monitoring System

OneTouch Ultralink System (Dec)

OneTouch Ultralink System (Hex)

OneTouch Ultrasoft Lancets

OneTouch Verio Blood Glucose Meter

OneTouch Verio Control Solution High

OneTouch Verio Flex Blood Glucose Monitoring System

OneTouch Verio Blood Glucose Monitoring System

OneTouch Verio Mid Control Solution

OneTouch Verio Sync Bloodglucose Monitoring System

OneTouch Verio Test Strips

## Learn more



Call the toll-free phone number on your health plan ID card to speak with a Customer Service representative.



Visit the member website listed on your health plan ID card to look up the price of drugs covered by your plan, find lower-cost options and more.

**Bold type = Brand-name drug**

[Plain type = Generic drug]

# Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:**     **[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)**

**Mail:**       Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**     **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**  
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**

**Phone:**     Toll free **1-800-368-1019, 1-800-537-7697** (TDD)

**Mail:**       U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

## Multi-language interpreter services

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

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。



Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access your health plan's member website for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., Oxford Health Plans LLC, or their affiliates.

9/23 ©2023 United HealthCare Services, Inc. WF11773558