



## Waived Co-payments

Co-payments for the diabetes-related prescription drugs and lab tests listed below are waived for Face to Face Diabetes Program participants. **However, participants are responsible for their deductibles and any cost difference in the brand and generic if the participant or physician chooses a brand where there is a generic available.** This waiver is for retail purchases only, mail order purchases are excluded. PEIA will pay 100% of PEIA's allowance for in-network services. Out-of-network services are processed at the out-of-network benefit level.

### Prescription Drugs

(generics in lower case, BRANDS in upper case)

acarbose	GLUCAGON	PRANDIMET
ACTOPLUS MET, XR [ST]	GLUCOPHAGE, XR	PRANDIN
ACTOS [ST]	GLUCOTROL	PRECOSE
AMARYL	GLUCOVANCE	PROGLYCEM
AVANDAMET [ST]	GLUMETZA ER	RIOMET
AVANDARYL [ST]	glyburide, micro	STARLIX
AVANDIA [ST]	glyburide-metformin	SYMLIN, SYMLINPEN [PA]*
BYETTA [PA]	GLYNASE	tolazamide
chlorpropamide	GLYSET	tolbutamide
DIABETA	INSULIN	
DUETACT [ST]	JANUMET [ST]*	BAYER TEST STRIPS
FORTAMET ER	JANUVIA [ST]*	INSULIN SYRINGES
glimepiride	METAGLIP	LANCETS
glipizide, er, xl	metformin, er	PEN NEEDLES
glipizide-metformin	nateglinide	
GLUCAGEN	ONGLYZA [ST]*	

### LAB Tests

#### Description

Cholesterol, serum or whole blood, total  
 Creatinine, blood  
 Creatinine, clearance  
 Creatinine, other source  
 Fasting Lipid Profile  
 Glucose on home meter type device  
 Glucose, quantitative blood type  
 HbA1c  
 Lipoprotein  
 Thyroid hormone (T3 or T4) update  
 Thyroxine stimulating hormone (TSH)  
 Thyroxine; total  
 Triglycerides  
 Urine, microalbumin, semiquantitative  
 Urine, microalbumin, semiquantitative

[PA]: Prior Authorization required

[PA]\*: Prior Authorization required Medicare PDP only

[ST]: Step Therapy required

[ST]\*: Step Therapy required Plans A,B,C only

Rev. 09/10