Hot Tips: Diabetes

Wellpoint District of Columbia, Inc. | Medicaid

Your Wellpoint DC enrollees may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Wellpoint DC provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Insulin[1]	**Short-acting** Afrezza (insulin regular) Apidra (insulin glulisine) Fiasp (insulin aspart) Humalog (insulin lispro) Novolog (insulin aspart) Insulin Aspart (Novolog authorized generic)* **Long-acting** Lantus (insulin glargine) Levemir (insulin detemir) Toujeo (insulin glargine) Tresiba (insulin degludec) Semglee[5] (insulin glargine-yfgn)	**Short-acting** Admelog (insulin lispro) Insulin Lispro (Humalog authorized generic) **Intermediate-acting** Humulin R & Novolin R (insulin regular) Humulin N & Novolin N (insulin NPH) **Long-acting** Basaglar (insulin glargine) Semglee[5] (insulin glargine) Insulin glargine-yfgn[6] **Mixes** Insulin Lispro Mix (Humalog Mix) Humalog Mix (insulin lispro) Humulin Mix (insulin NPH & insulin regular) Insulin Aspart Mix (Novolog Mix authorized generic) Novolin Mix (insulin NPH & insulin regular) Novolog Mix (insulin aspart)
GLP-1s[2] GLP-1/long-acting	Adlyxin (lixisenatide) Bydureon BCise (exenatide) Byetta (exenatide) Tanzeum (albiglutide) Victoza (liraglutide) Soliqua (lixisenatide/insulin glargine) Xultophy (liraglutide/insulin degludec)	Ozempic (semaglutide) Trulicity (dulaglutide)

Therapeutic class	Nonpreferred products	Preferred products
insulin combo[3]		
DPP4-s[2]	Alogliptin (generic Nesina) Nesina (alogliptin) Onglyza (saxagliptin) Tradjenta (linagliptin)	Januvia (sitagliptin)
DPP4 Combo products[3]	Alogliptin/metformin[2] (generic Kazano) Alogliptin/pioglitazone[2] (generic Oseni) Jentadueto & Jentadueto XR (linagliptin/metformin) Kazano (alogliptin/metformin) Kombiglyze XR (saxagliptin/ metformin) Oseni[2] (alogliptin/pioglitazone)	Janumet & Janumet XR (sitagliptin/ metformin)
SGLT2[2]	Farxiga (dapagliflozin) Invokana (canagliflozin) Streglatro (ertugliflozin)	Jardiance (empagliflozin)
SGLT2 Combo products[3]	Glyxambi (empagliflozin/ linagliptin) Invokamet & Invokamet XR (canagliflozin/metformin) Qtern (dapagliflozin/ saxagliptin) Segluromet (ertugliflozin/ metformin) Steglujan (ertugliflozin/ sitagliptin) Xigduo XR (dapagliflozin/ metformin)	Synjardy & Synjardy XR (empaglflozin/ metformin)
TZDs[4]	Actos (pioglitazone) Actoplus Met & Actoplus Met XR (pioglitazone/metformin) Avandia (rosiglitazone) Avandamet (rosiglitazone/ metformin) Duetact (pioglitazone/glimepiride)	Pioglitazone (generic Actos) Pioglitazone-Metformin (generic Actoplus Met) Pioglitazone-Glimepiride (generic Duetact)
Diabetic supplies	All other manufacturers for pen needles and insulin syringes are nonpreferred products and may require prior authorization.	BD pen needles and insulin syringes are the preferred product for diabetic supplies.

[1] Insulin quantities are limited to 30 ml per 30 days.
[2] All anti-diabetic agents require step therapy through metformin unless contraindicated.
[3] Combination agents require trial of individual agents and rational regarding clinical necessity of combination product.
[4] TZDs have step therapy through metformin **and** one preferred drug within any of the following classes: DPP4s, GLP-1s, SGLT2s.
[5] Non-preferred Semglee NDCs: 49502-0250-80 and 49502-0251-75. Preferred Semglee NDCs: 49502-0196-71, 49502-0196-75 and 49502-0195-80.
[6] Preferred Insulin glargine-yfgn6 NDCs: 49502-0393-80 and 49502-0394-75.

*As of February 2, 2022, Insulin Aspart (Novolog authorized generic) is a non-preferred product.

If you have questions regarding this *Hot Tip*, call Provider Services at **833-359-1386 (TTY 711).**

The *PDL* is available at **provider.wellpoint.com/dc**.