

## **Healthy Blue Hot Tip: Diabetes**

Your Healthy Blue patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization and step therapy may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Healthy Blue website — Visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) and select **Providers**. The *PDL* is subject to change quarterly.

| Therapeutic class    | Nonpreferred products  | Preferred products   |
|----------------------|--|--|
| Insulin <sup>1</sup> | <p><b>Short-acting</b><br/>           Afrezza (insulin regular)<br/>           Apidra (insulin glulisine)<br/>           Fiasp (insulin aspart)<br/>           Humalog (insulin lispro)<br/>           Novolog (insulin aspart)</p> <p><b>Long-acting</b><br/>           Lantus (insulin glargine)<br/>           Levemir (insulin detemir)<br/>           Toujeo (insulin glargine)<br/>           Tresiba (insulin degludec)</p> | <p><b>Short-acting</b><br/>           Admelog (insulin lispro)<br/>           Insulin Lispro (Humalog authorized generic)<br/>           Insulin Aspart (Novolog authorized generic)</p> <p><b>Intermediate-acting</b><br/>           Humulin R &amp; Novolin R (insulin regular)<br/>           Humulin N &amp; Novolin N (insulin NPH)</p> <p><b>Long-acting</b><br/>           Basaglar (insulin glargine)<br/>           Semglee (insulin glargine)</p> <p><b>Mixes</b><br/>           Insulin Lispro Mix (Humalog Mix)<br/>           Humalog Mix (insulin lispro)<br/>           Humulin Mix (insulin NPH &amp; insulin regular)<br/>           Insulin Aspart Mix (Novolog Mix authorized generic)<br/>           Novolin Mix (insulin NPH &amp; insulin regular)<br/>           Novolog Mix (insulin aspart)</p> |
| GLP-1s <sup>2</sup>  | Adlyxin (lixisenatide)<br>Bydureon (exenatide)<br>Byetta (exenatide)<br>Tanzeum (albiglutide)<br>Victoza (liraglutide)   | Ozempic (semaglutide)<br>Trulicity (dulaglutide)   |

**[www.HealthyBlueSC.com](http://www.HealthyBlueSC.com)**

| Therapeutic class   | Nonpreferred products  | Preferred products  |
|---|--|---|
| GLP-1/long-acting insulin combo <sup>3</sup>  | Soliqua (lixisenatide/insulin glargine)<br>Xultophy (liraglutide/insulin degludec)   |   |
| DPP4-s <sup>2</sup><br><br>DPP4 Combo products <sup>3</sup>   | Alogliptin (generic Nesina)<br>Nesina (alogliptin)<br>Onglyza (saxagliptin)<br>Tadjenta (linagliptin)<br><br>Alogliptin/metformin <sup>2</sup> (generic Kazano)<br>Alogliptin/pioglitazone <sup>2</sup> (generic Oseni)<br>Jentaducto & Jentaducto XR (linagliptin/metformin)<br>Kazano (alogliptin/metformin)<br>Kombiglyze XR (saxagliptin/ metformin)<br>Oseni <sup>2</sup> (alogliptin/pioglitazone) | Januvia (sitagliptin)<br><br>Janumet & Janumet XR (sitagliptin/metformin)   |
| SGLT2 <sup>2</sup><br><br>SGLT2 Combo products <sup>3</sup>   | Farxiga (dapagliflozin)<br>Invokana (canagliflozin)<br>Streglatro (ertugliflozin)<br><br>Glyxambi (empagliflozin/ linagliptin)<br>Invokamet & Invokamet XR (canagliflozin/metformin)<br>Qtern (dapagliflozin/ saxagliptin)<br>Segluromet (ertugliflozin/ metformin)<br>Steglujan (ertugliflozin/ sitagliptin) Xigduo XR (dapagliflozin/ metformin)   | Jardiance (empagliflozin)<br><br>Synjardy & Synjardy XR (empagliflozin/metformin)   |
| TZDs <sup>4</sup>   | Actos (pioglitazone)<br>Actoplus Met & Actoplus Met XR (pioglitazone/metformin)<br>Avandia (rosiglitazone)<br>Avandamet (rosiglitazone/ metformin)<br>Duetact (pioglitazone/glimepiride)   | Pioglitazone (generic Actos)<br><br>Pioglitazone-Metformin (generic Actoplus Met)<br><br>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.  |
| <p>1 Insulin quantities are limited to 30 ml per 30 days.</p> <p>2 All anti-diabetic agents require step therapy through metformin unless contraindicated.</p> <p>3 Combination agents require trial of individual agents and rationale regarding clinical necessity of combination product.</p> <p>4 TZDs have step therapy through metformin <b>and</b> one preferred drug within any of the following classes: DPP4s, GLP-1s, SGLT2s</p> |  |   |

If you have questions regarding this *Hot Tip*, call the Customer Care Center at **866-757-8286**. To view the *PDL*, visit [www.HealthyBlueSC.com](http://www.HealthyBlueSC.com) and select **Providers**.