

Hot Tip: Diabetes

Your Wellpoint patients 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 provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Preferred products	Nonpreferred products
Insulin ¹	<p>Short-acting:</p> <ul style="list-style-type: none"> • Admelog (insulin lispro) • Insulin Lispro (Humalog authorized generic) <p>Intermediate-acting:</p> <ul style="list-style-type: none"> • Humulin R & Novolin R (insulin regular) • Humulin N & Novolin N (insulin NPH) <p>Long-acting:</p> <ul style="list-style-type: none"> • Basaglar (insulin glargine) • Semglee (insulin glargine) • NDCs: 49502-0196-71; 49502-0196-75; 49502-0195-80 • Insulin glargine-yfgn • NDCs: 49502-0393-80; 49502-0394-75 <p>Mixes:</p> <ul style="list-style-type: none"> • Humalog Mix (insulin lispro) • Humulin Mix (insulin NPH & insulin regular) • Insulin Aspart Mix (Novolog Mix authorized generic) 	<p>Short-acting:</p> <ul style="list-style-type: none"> • Afrezza (insulin regular) • Apidra (insulin glulisine) • Fiasp (insulin aspart) • Humalog (insulin lispro) • Novolog (insulin aspart) • Insulin Aspart (Novolog authorized generic) <p>Long-acting:</p> <ul style="list-style-type: none"> • Lantus (insulin glargine) • Levemir (insulin detemir) • Toujeo (insulin glargine) • Tresiba (insulin degludec) • Semglee (insulin glargine-yfgn) • NDCs: 49502-0250-80; 49502-0251-75

Therapeutic class	Preferred products	Nonpreferred products
	<ul style="list-style-type: none"> • Novolin Mix (insulin NPH & insulin regular) • Novolog Mix (insulin aspart) 	
GLP-1s ² GLP-1/long-acting insulin combo ³	<ul style="list-style-type: none"> • Ozempic (semaglutide) • Trulicity (dulaglutide) 	<ul style="list-style-type: none"> • Adlyxin (lixisenatide) • Bydureon (exenatide) • Byetta (exenatide) • Tanzeum (albiglutide) • Victoza (liraglutide) • Soliqua (lixisenatide/insulin glargine) • Xultophy (liraglutide/insulin degludec)
DPP4 Combo Products ³	<ul style="list-style-type: none"> • DPP4-s² • Januvia (sitagliptin) • Janumet & Janumet XR (sitagliptin/ metformin) 	<ul style="list-style-type: none"> • Alogliptin (generic Nesina) • Nesina (alogliptin) • Onglyza (saxagliptin) • Tradjenta (linagliptin) • Alogliptin/metformin² (generic Kazano) • Alogliptin/pioglitazone² (generic Oseni) • Jentadueto & Jentadueto XR (linagliptin/ metformin) • Kazano (alogliptin/ metformin) • Kombiglyze XR (saxagliptin/ metformin) • Oseni² (alogliptin/pioglitazone)
SGLT2 ² SGLT2 Combo Products ³	<ul style="list-style-type: none"> • Jardiance (empagliflozin) • Synjardy & Synjardy XR (empagliflozin/ metformin) 	<ul style="list-style-type: none"> • Farxiga (dapagliflozin) • Invokana (canagliflozin) • Streglatro (ertugliflozin) • Glyxambi (empagliflozin/ linagliptin) • Invokamet & Invokamet XR (canagliflozin/ metformin) • Qtern (dapagliflozin/ saxagliptin) • Segluromet (ertugliflozin/ metformin) • Steglujan (ertugliflozin/ XR (dapagliflozin/ metformin)
TZDs ⁴	<ul style="list-style-type: none"> • Pioglitazone (generic Actos) 	<ul style="list-style-type: none"> • Actos (pioglitazone) • Avandia (rosiglitazone) • Duetact (pioglitazone/ glimepiride)

Therapeutic class	Preferred products	Nonpreferred products
	<ul style="list-style-type: none"> • Pioglitazone-Metformin (generic Actoplus Met) • Pioglitazone-Glimepiride (generic Duetact) 	<ul style="list-style-type: none"> • Actoplus Met & Actoplus Met XR (pioglitazone/metformin) • Avandamet (rosiglitazone/ metformin)
Diabetic supplies	BD pen needles & insulin syringes are the preferred product for diabetic supplies	All other manufacturers for pen needles & insulin syringes are nonpreferred products and may require prior authorization
<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 and one preferred drug within any of the following classes: DPP4s, GLP-1s, SGLT2s</p>		

If you have questions regarding this *Hot Tip*, please call Provider Services at **833-707-0868**, Monday through Friday, 8 a.m. to 6 p.m. ET.

PDL: <https://providers.wellpoint.com/MD> > Eligibility & Pharmacy > Pharmacy Information > Medicaid Preferred Drug List