

## **Hot Tip: Diabetes**

Your Amerigroup Community Care patients on nonpreferred products will experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, please consider prescribing preferred products whenever possible.

Therapeutic class	Nonpreferred products	Preferred products
Insulin	<u>Short-acting</u> Novolog, Humalog, Fiasp, Apidra <sup>1</sup> , Afrezza  <u>Long-acting</u> Lantus, Levemir, Toujeo, Tresiba	<u>Short-acting</u> Admelog <sup>2</sup>  <u>Long-acting</u> Basaglar  <u>Mixes</u> Novolog Mix, Humalog Mix
<p>1 Apidra is nonpreferred effective August 1, 2018; effective October 1, 2018, for current utilizers.</p> <p>2 Admelog is preferred effective August 1, 2018.</p> <p>3 Insulin quantities are limited to 30 ml/30 days.</p> <p><b>Note:</b> Effective October 1, 2018, BD pen needles and insulin syringes will be the preferred product for diabetic supplies. All other manufacturers for pen needles and insulin syringes will be nonpreferred products and may require prior authorization.</p>		
GLP-1s <sup>3</sup>	Adlyxin, Bydureon, Byetta, Trulicity, Tanzeum <sup>2</sup>	Victoza, Ozempic
GLP-1/long-acting insulin combo <sup>4</sup>	Xultophy, Soliqua	
DPP4-s <sup>3</sup>	Kombiglyze XR, Onglyza, Jentadueto <sup>2</sup> , Jentadueto XR, Tradjenta <sup>2</sup>  Kazano <i>Generic: Alogliptin-Metformin<sup>1</sup></i>  Nesina <i>Generic: Alogliptin<sup>1</sup></i>  Oseni <i>Generic: Alogliptin-Pioglitazon<sup>1</sup></i>	Januvia, Janumet, Janumet XR

SGLT2 <sup>3</sup>	Farxiga, Invokana, Invokamet, Invokamet XR, Segluromet, Streglatro, Xigduo XR	Jardiance, Synjardy, Synjardy XR
SGLT2/DPP-4 Combo <sup>4</sup>	Glyxambi, Qtern, Steglujan	
TZDs <sup>3</sup>	Actos, Actoplus Met, Actoplus Met XR, Avandia, Avandamet, Duetact	Pioglitazone <i>Brand name: Actos</i>  Pioglitazone-Metformin <i>Brand name: Actoplus Met</i>  Pioglitazone-Glimepiride <i>Brand name: Duetact</i>
<p>1 Neither brand nor generic formulations are covered.</p> <p>2 Jentadueto, Jentadueto XR, Tanzeum and Tradjenta are nonpreferred effective August 1, 2018.</p> <p>3 All agents have step therapy through Metformin unless contraindicated; TZDs have step therapy through Metformin and one preferred drug within any of the following classes: DPP4s, GLP-1s, SGLT2s.</p> <p>4 Combination agents require trial of individual agents and rational regarding necessity of combination product.</p>		

If you have questions regarding this *Hot Tip*, please call Provider Services at 1-800-454-3730.

*Preferred Drug List:* <https://providers.amerigroup.com/MD> > Pharmacy > Medicaid Preferred Drug List