



An Anthem Company

## **Empire BlueCross BlueShield HealthPlus (Empire) Hot Tip: Diabetes**

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

<b>Therapeutic class</b>	<b>Nonpreferred products</b>	<b>Preferred products</b>
Insulin <sup>1</sup>	<p><b>Short-acting</b></p> <ul style="list-style-type: none"> <li>• Afrezza (insulin regular)</li> <li>• Apidra (insulin glulisine)</li> <li>• Fiasp (insulin aspart)</li> <li>• Humalog (insulin lispro)</li> <li>• Insulin Aspart (Novolog authorized generic)</li> <li>• Novolog (insulin aspart)</li> </ul> <p><b>Long-acting</b></p> <ul style="list-style-type: none"> <li>• Lantus (insulin glargine)</li> <li>• Levemir (insulin detemir)</li> <li>• Toujeo (insulin glargine)</li> <li>• Tresiba (insulin degludec)</li> </ul>	<p><b>Short-acting</b></p> <ul style="list-style-type: none"> <li>• Admelog (insulin lispro)</li> <li>• Insulin Lispro (Humalog authorized generic)</li> </ul> <p><b>Intermediate-acting</b></p> <ul style="list-style-type: none"> <li>• Humulin R &amp; Novolin R (insulin regular)</li> <li>• Humulin N &amp; Novolin N (insulin NPH)</li> </ul> <p><b>Long-acting</b></p> <ul style="list-style-type: none"> <li>• Basaglar (insulin glargine)</li> </ul> <p><b>Mixes</b></p> <ul style="list-style-type: none"> <li>• Humalog Mix (insulin lispro)</li> <li>• Humulin Mix (insulin NPH &amp; insulin regular)</li> <li>• Insulin Aspart Mix (Novolog Mix authorized generic)</li> <li>• Novolin Mix (insulin NPH &amp; insulin regular)</li> <li>• Novolog Mix (insulin aspart)</li> </ul>
GLP-1s <sup>2</sup>  GLP-1/long-acting insulin combo <sup>3</sup>	<ul style="list-style-type: none"> <li>• Adlyxin (lixisenatide)</li> <li>• Bydureon (exenatide)</li> <li>• Byetta (exenatide)</li> <li>• Trulicity (dulaglutide)</li> <li>• Tanzeum (albiglutide)</li> <li>• Soliqua (lixisenatide/insulin glargine)</li> <li>• Xultophy (liraglutide/insulin degludec)</li> </ul>	<ul style="list-style-type: none"> <li>• Ozempic (semaglutide)</li> <li>• Victoza (liraglutide)</li> </ul>
DPP4-s2	<ul style="list-style-type: none"> <li>• Alogliptin (generic Nesina)</li> <li>• Nesina (alogliptin)</li> <li>• Onglyza (saxagliptin)</li> </ul>	<ul style="list-style-type: none"> <li>• Januvia (sitagliptin)</li> </ul>

[www.empireblue.com/nymedicaidoc](http://www.empireblue.com/nymedicaidoc)

Empire BlueCross BlueShield HealthPlus is the trade name of HealthPlus HP, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

NYEPEC-2330-20 June 2020

Therapeutic class	Nonpreferred products	Preferred products
DPP4 Combo Products <sup>3</sup>	<ul style="list-style-type: none"> <li>• Tradjenta (linagliptin)</li> <li>• Alogliptin/metformin<sup>2</sup> (generic Kazano)</li> <li>• Alogliptin/pioglitazone<sup>2</sup> (generic Oseni)</li> <li>• Jentaducto &amp; Jentaducto XR (linagliptin/metformin)</li> <li>• Kazano (alogliptin/metformin)</li> <li>• Kombiglyze XR (saxagliptin/metformin)</li> <li>• Oseni<sup>2</sup> (alogliptin/pioglitazone)</li> </ul>	<ul style="list-style-type: none"> <li>• Janumet &amp; Janumet XR (sitagliptin/metformin)</li> </ul>
SGLT2 <sup>2</sup>  SGLT2 Combo Products <sup>3</sup>	<ul style="list-style-type: none"> <li>• Farxiga (dapagliflozin)</li> <li>• Invokana (canagliflozin)</li> <li>• Streglatro (ertugliflozin)</li> <li>• Glyxambi (empagliflozin/linagliptin)</li> <li>• Invokamet &amp; Invokamet XR (canagliflozin/metformin)</li> <li>• Qtern (dapagliflozin/saxagliptin)</li> <li>• Segluromet (ertugliflozin/metformin)</li> <li>• Steglujan (ertugliflozin/sitagliptin)Xigduo XR (dapagliflozin/metformin)</li> </ul>	<ul style="list-style-type: none"> <li>• Jardiance (empagliflozin)</li> <li>• Synjardy &amp; Synjardy XR (empagliflozin/metformin)</li> </ul>
TZDs <sup>4</sup>	<ul style="list-style-type: none"> <li>• Actos (pioglitazone)</li> <li>• Avandia (rosiglitazone)</li> <li>• Duetact (pioglitazone/glimepiride)</li> <li>• Actoplus Met &amp; Actoplus Met XR (pioglitazone/metformin)</li> <li>• Avandamet (rosiglitazone/metformin)</li> </ul>	<ul style="list-style-type: none"> <li>• Pioglitazone (generic Actos)</li> <li>• Pioglitazone-Metformin (generic Actoplus Met)</li> <li>• Pioglitazone-Glimepiride (generic Duetact)</li> </ul>
Diabetic Supplies	All other manufacturers for Pen Needles & Insulin Syringes are nonpreferred products and may require Prior Authorization.	BD Pen Needles & Insulin Syringes are the preferred product for diabetic supplies.
<p>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 rationale 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</p>		

If you have questions regarding this *Hot Tip*, call Provider Services at **1-800-450-8753**.

*PDL:* <https://mediproviders.empireblue.com/ny/pages/formularies.aspx>