

## ***Hot Tip: Diabetes***

Your Amerigroup District of Columbia, Inc. 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.

<b>Therapeutic class</b>	<b>Nonpreferred products</b>	<b>Preferred products</b>
Insulin <sup>1</sup>	<p><b>Short acting:</b> Novolog<sup>®</sup>, Humalog<sup>®</sup>, Fiasp<sup>®</sup>, Apidra<sup>®</sup>, Afrezza<sup>®</sup></p> <p><b>Long acting:</b> Lantus<sup>®</sup>, Levemir<sup>®</sup>, Toujeo<sup>®</sup>, Tresiba<sup>®</sup></p>	<p><b>Short acting:</b> Admelog<sup>®</sup></p> <p><b>Long acting:</b> Basaglar<sup>®</sup></p> <p><b>Mixes:</b> Novolog<sup>®</sup> Mix, Humalog<sup>®</sup> Mix</p>
GLP-1s <sup>3</sup>	Adlyxin <sup>®</sup> , Bydureon <sup>®</sup> , Byetta <sup>®</sup> , Trulicity <sup>®</sup> , Tanzeum <sup>®</sup>	Victoza <sup>®5</sup> , Ozempic <sup>®5</sup>
GLP-1/long-acting insulin combo <sup>4</sup>	Xultophy <sup>®</sup> , Soliqua <sup>®</sup>	
DPP4-s <sup>3</sup>	<p>Kombiglyze<sup>®</sup> XR, Onglyza<sup>®</sup>, Jentadueto<sup>®</sup>, Jentadueto<sup>®</sup> XR, Tradjenta<sup>®</sup></p> <p>Kazano<sup>®</sup> <i>Generic: Alogliptin-Metformin</i><sup>2</sup></p> <p>Nesina<sup>®</sup> <i>Generic: Alogliptin</i><sup>2</sup></p> <p>Oseni<sup>®</sup> <i>Generic: Alogliptin-Pioglitazon</i><sup>2</sup></p>	Januvia <sup>®5</sup> , Janumet <sup>®5</sup> , Janumet <sup>®</sup> XR <sup>5</sup>
SGLT2 <sup>3</sup>	Farxiga <sup>®</sup> , Invokana <sup>®</sup> , Invokamet <sup>®</sup> , Invokamet <sup>®</sup> XR, Segluromet <sup>®</sup> , Streglatro <sup>®</sup> , Xigduo <sup>®</sup> XR	Jardiance <sup>®5</sup> , Synjardy <sup>®5</sup> , Synjardy <sup>®</sup> XR <sup>5</sup>
SGLT2/DPP-4 combo <sup>4</sup>	Glyxambi <sup>®</sup> , Qtern <sup>®</sup> , Steglujan <sup>®</sup>	

Therapeutic class	Nonpreferred products	Preferred products
TZDs <sup>3</sup>	Actos <sup>®</sup> , Actoplus <sup>®</sup> Met, Actoplus <sup>®</sup> Met XR, Avandia <sup>®</sup> , Avandamet <sup>®</sup> , Duetact <sup>®</sup>	Pioglitazone <sup>5</sup> <i>Brand name: Actos<sup>®</sup></i>  Pioglitazone-Metformin <sup>5</sup> <i>Brand name: Actoplus<sup>®</sup> Met</i>  Pioglitazone-Glimepiride <sup>5</sup> <i>Brand name: Duetact<sup>®</sup></i>
<p>1 Insulin quantities are limited to 30 ml/30 days.</p> <p>2 Neither brand nor generic formulations are covered.</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> <p>5 Prior authorization required.</p>		

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

*Preferred Drug List:* [http://fm.formularynavigator.com/FBO/4/DC\\_PDL\\_English.pdf](http://fm.formularynavigator.com/FBO/4/DC_PDL_English.pdf).