

1 Diabetes Mellitus: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication (AWP Cost/30days)	Clinical Points	est. HgA1C lowering (added to Metformin)	CV outcomes
1	1	1 3-soln	1	Biguanides 1 st line therapy	Metformin	1. Weight loss possible 2. GI side effects (titrate to minimize)	1% as mono-therapy	Metformin UKPDS trial showed possible CV mortality risk reduction
1-500mg, 750mg	1	1	1		Metformin ER (Glucophage ER generic) 500mg, 750mg	3. Monitor for B12 deficiency, lactic acidosis risk 4. C/I with eGFR <30		
1	1	1	1	Sulfonylureas	Glipizide	1.Weight gain 2. Chlorpropamide, Glyburide, & Glimepiride not recommended for elderly due to hypoglycemia risk (Beers List)	0.7 to 1%	Linagliptin compared to Glimepiride showed a noninferior risk of composite CV outcomes in pts with DM and increased CV risk (CAROLINA)
1	1	1	1		Glipizide ER			
1	1	2	1		Glipizide / Metformin			
2	1	1	1		Glyburide			
2	1	1	1		Glyburide / Metformin			
1	1	1	1		Glimepiride			
1	1	1	1	TZDs	Pioglitazone	1. Weight gain 2. Risk of edema or heart failure (Beers List) 3. Risk of bone fracture	0.8 to 0.9%	Pioglitazone may reduce the risk of CV mortality, however the impact on an increased risk of heart failure needs to be considered
			3		Avandia (>\$260)			
	1	2	1		Pioglitazone / Metformin			
		4			ActoPlus Met XR			
	1	1	1		Pioglit./Glimepiride (>\$450)			
3	2	(ST)	2	DPP-4 Inhibitors	Januvia (>\$550)	1.Weight neutral 2. Possible acute pancreatitis 3. Low hypoglycemic risk when used as monotherapy 4. No renal adjustment necessary for Tradjenta	0.5 to 0.7%	Alogliptin (Nesina) & Saxagliptin (Onglyza) are associated with an increased risk of HF hospitalizations, Sitagliptin (Januvia) and Linagliptin (Trajenta) are CV neutral (TECOS & CARMELINA trials), Linagliptin compared to Glimepiride showed a noninferior risk of composite CV outcomes in pts with DM and increased CV risk (CAROLINA)
3	2	(ST)	2		Janumet (>\$550)			
3	2	(ST)	2		Janumet XR (>\$550)			
4		2			Onglyza (>\$525)			
4		2			Kombiglyze XR (>\$525)			
4			3(PA)		Alogliptin (>\$230)			
		2			Nesina (>\$450)			
					Alogliptin/Pioglit. (>\$230)			
		2			Oseni (>\$450)			
4		2			Alogliptin / Metformin			
					Kazano (>\$450)			
3		2	2		Tradjenta (>\$525)			
3		2	2		Jentadueto (>\$550)			
3		2	2		Jentadueto XR (>\$550)			

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3	2	(ST)		SGLT-2 Inhibitors	Invokana (>\$600)	1. Weight loss possible 2. May increase the risk of mycotic genital infections, including Fournier's gangrene 3. Risk of DKA, including euglycemic DKA 4. Steglatro not recommended for eGFR <60, all others not recommended for eGFR <45, however the DAPA-HF trial used dapagliflozin with eGFR ≥30ml/min 5. Removal of boxed warning with Invokana increasing the risk of amputation (toe / metatarsal), Aug 2020	0.4% to 0.7%	Jardiance is FDA approved for reducing CV mortality in DM pts with established CV disease, no decrease in the risk of nonfatal MI or stroke was found (EMP-REG OUTCOME); Inkovana is FDA approved for reducing combined endpoints CV mortality, nonfatal MI, or nonfatal stroke (CANVAS) in high risk pts with established CV disease, and approved for risk reduction of combined endpoints ESRD, doubling SCr, CV death, and hospitalization for HF in pts with DM and diabetic nephropathy (urine albumin>300mg/day) (CREDENCE) Farxiga had neutral effects on combined endpoints CV mortality, MI or ischemic stroke but may reduce HF hospitalizations (DECLARE-TIMI58); Farxiga is FDA approved to reduce the risk of hospitalization for HF in pts with DM or without DM and CV disease or multiple CV risks (DAPA-HF), Farxiga when added to ACE or ARB therapy in CKD pts may reduce the decline in eGFR of at least 50% and delay the progression to ESRD (DAPA-CKD) Steglatro has demonstrated noninferiority on the primary endpoint of major CV events (MACE) in DM pts with established CV disease (VERTIS CV)
3	2	(ST)			Invokamet (>\$600)			
3	2	(ST)			Invokamet XR (>\$600)			
4	2	(ST)	2		Farxiga (>\$600)			
4	2	(ST)	2		Xigduo XR (>\$600)			
					Qtern (>\$600)			
3	2	2(ST)	2		Jardiance (>\$600)			
3	2	2	2		Synjardy (>\$600)			
3	2	2	2		Synjardy XR (>\$600)			
3	2	2	2		Trijardy XR (>\$625)			
3	2	2(ST)	2		Glyxambi (>\$625)			
	2	(ST)	2		Steglatro (>\$350)			
	2	(ST)	2		Stegluromet (>\$355)			
	2				Steglujan (>\$650)			
3	1	2	1	Meglitinides	Nateglinide	1. Weight gain 2. Hypoglycemia possible 3. Consider if allergy to sulfa 4. Consider if late postprandial hypoglycemia or if an erratic meal schedule	0.7% to 1.1%	CV outcomes unknown
3	1	2	1		Repaglinide			
	1	3	1		Repaglinide/ Metformin			
2	1	1	1	Alpha Gluc. Inhibitors	Acarbose	1. Weight neutral 2. GI side effects 3. Elevated serum transaminases / use caution in hepatic impairment	~ 0.7%	CV outcomes unknown
	1		1		Miglitol			

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Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication (AWP Cost/30days)	Clinical Points	est. HgA1C lowering (added to Metformin)	CV outcomes
			3	Long Acting Insulins	Basaglar (>\$400 -5 pens)	1. Weight gain possible 2. Higher hypoglycemic risk 3. Toujeo & Tresiba may have lower hypoglycemic risk when used with orals	~ 1%	CV neutral effects
3	2	1	2		Lantus (>\$500- 5 pens)			
3	2		2		Levemir (>550 – 5 pens)			
					Semglee (>\$200-5pens)			
3	2	2	2		Toujeo (>\$600- MAX-2pens)			
3	2		2		Tresiba (>\$600 – 3 pens)			
				Intermediate Acting Insulin	Novolin N ReliOn vial, Pen <i>Walmart Cash price \$25,\$43</i>	1. Weight gain possible 2. Higher hypoglycemic risk	~ 1%	CV neutral effects
3		(ST)	2		Novolin N (>\$165-300)			
	2	1-vial 2-pen			Humulin N (>\$170-\$550)			
				Regular & Rapid acting Insulins	Novolin R ReliOn vial, Pen <i>Walmart Cash price \$25, 43</i>	1. Weight gain possible 2. Higher hypoglycemic risk	~ 1%	CV neutral effects
3		(ST)	2		Novolin R (>\$165)			
5 (U-500)	2	1-vial 2-pen	2 (U-500)		Humulin R (>\$170-\$650)			
					Novolin 70/30 ReliOn vial <i>(Walmart Cash price \$25)</i>			
3		(ST)	2		Novolin 70/30 (>\$165)			
	2	1-vial 2-pen			Humulin 70/30 (>\$170-\$550)			
3		(ST)	2		Novolog (>\$350-\$650)			
3		(ST)	2		Novolog Mix 70/30 (>\$350)			
3		(ST)	2		Fiasp (>\$350-650)			
	2	1-vial 2-Pen	3(PA)		Humalog (>\$350-\$500)			
					Insulin lispro (>\$165)			
	2	1-vial 2-Pen	3(PA)		Humalog 50/50 (>\$350-\$650)			
	2	1-vial 2-Pen	3(PA)		Humalog 75/25 (>\$350-\$650)			
					Admelog (>\$300 – \$550)			
		ST	3(PA)		Apidra (>\$350 - \$650)			
		(PA)			Afrezza (>\$1,200)			

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	2	1-vial 2-Pen			Lyumjev (>\$325-\$525)			
		4(ST)		GLP-1r agonists	Adlyxin (>\$750)	1. Weight loss possible 2. GI effects 3. Risk of gallbladder disease or pancreatitis (acute and chronic) 4. C/I in patient or family history of medullary thyroid cancer or MEN2 5. Ozempic – monitor for worsening diabetic retinopathy	~ 1%	Victoza is FDA approved for reducing the combined endpoints of CV death, MI, or stroke in DM pts with CV disease (LEADER) Bydureon was associated with a reduction in all-cause mortality in DM pts with or without CV disease (EXSCEL) Adlyxin was found to have neutral effects on CV outcomes in DM pts with recent ASC (ELIXA) Ozempic is FDA approved for the combined endpoints of CV mortality, nonfatal MI, or non-fatal stroke in DM pts with CV disease (SUSTAIN-6) Rybelsus had neutral effects on CV outcomes in pts with T2DM and CV disease, CKD, or CV risk factors (PIONEER 6 trial) Trulicity is FDA approved for reducing the combined endpoints of CV death, MI, or stroke in DM patients with CV disease or at high CV risk (REWIND)
3	2	2			Soliqua (>\$850)			
	2	2 (PA,ST)			Byetta (>\$850)			
4	2	2 (PA,ST)			Bydureon (>\$850)			
3	2	2(PA,ST)	2(PA)		Ozempic (>\$950)			
3	2	2(PA,ST)	2(PA)		Rybelsus (>\$950)			
3	2	2 (PA,ST)	2(PA)		Trulicity (>\$1,000)			
3		2(PA)-2pk 3(PA)-3pk	2(PA)		Victoza (>\$750-2pk)			
3	2		2(PA)		Xultophy (>\$1,300)			

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