

1 Diabetes Mellitus: Health Leaders Network Medication Resource

(ST) step therapy (PA) prior auth

Humana	FMOLHS Plan	UHC	BCBS	Drug Class	Medication	Clinical Points	est. HgA1c lowering (added to Metformin)	Cardiovascular Outcomes
1(ex-cluding 625mg)	1- 500mg, 850mg, 1000mg	1 ex-cluding 625mg)	\$0 (ex-cluding 625mg)	Biguanides	Metformin	1. Weight loss is possible 2. GI side effects (titrate to minimize) 3. Monitor for B12 deficiency, lactic acidosis risk 4. C/I with eGFR <30	1% as monotherapy	Metformin UKPDS trial showed possible CV mortality risk reduction
1- 500mg, 750mg	1	1	\$0		Metformin ER (Glucophage ER generic) 500mg, 750mg			
1	1- 5 or 10mg	1- 5mg, 10mg	\$0	Sulfonylureas	Glipizide	1. Weight gain 2. Chlorpropamide, Glyburide, & Glimepiride not recommended for the 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	\$0		Glipizide ER			
1	1	2	1		Glipizide / Metformin			
	1	1	\$0		Glyburide			
	1	1	\$0		Glyburide / Metformin			
1	1 3- 3mg	1-excludes 3mg	\$0		Glimepiride			
1	1	1	\$0	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	1	2	3		Pioglitazone / Metformin			
		4			ActoPlus Met XR			
	1		1		Pioglit./Glimepiride			
3	2	(ST)	2	DPP-4 Inhibitors	Januvia (> \$315)	1.Weight neutral 2. Possible acute pancreatitis 3. Low hypoglycemic risk when used as monotherapy 4. No renal adjustment necessary for Tradjenta 5. Not recommended for use with GLP-1r agonist due to lack of additive glycemic effect	0.5 to 0.7%	Alogliptin (Nesina) & Saxagliptin (Onglyza) are associated with an increased risk of HF hospitalizations, Sitagliptin (Januvia) and Linagliptin (Tradjenta) 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 (> \$315)			
3	2	(ST)	2		Janumet XR (> \$315)			
3		2	2		Jentadueto (>\$505)			
3		2	2		Jentadueto XR (>\$505)			
					Linagliptin			
3					Linagliptin / Metformin			
		2			Saxagliptin (>\$150)			
		2			Saxagliptin/Metformin XR (>\$285)			
					Sitagliptin			
3		2	2		Tradjenta (>\$500)			

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		3 (ST)		SGLT-2 Inhibitors	Brenzavvy (\$50 Costplusdrugs)	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. Standards of Diabetes Care 2023 states to use SGLT2i in people with an eGFR ≥ 20 ml/min per 1.73m ² to reduce CKD progression 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 (EMPEROR-OUTCOME). Approved for risk reduction of CV mortality plus hospitalization for HFrEF (EMPEROR-Reduced). When added to usual therapy in pts with class II, III, or IV HFpEF, may reduce composite endpoint of CV death or HF-related hospitalizations (EMPEROR-Preserved) 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) (CRE-DENCE) 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 (reduced or preserved) in pts with DM or without DM and CV disease or multiple CV risks (DAPA-HF & DELIVER), 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					Dapagliflozin (>\$340)			
					Dapagliflozin/Metformin ER (>\$340)			
3	2		2		Farxiga (>\$575)			
3	2	2 (ST)			Glxambi (>\$600)			
					Invokana (>\$575)			
					Invokamet (>\$575)			
3	2	2	2		Jardiance (>\$600)			
					Qtern (>\$540)			
3	2	2	2		Synjardy (>\$585)			
3	2	2	2		Synjardy XR (>\$585)			
3	2	2			Trijardy XR (>\$600)			
3	2	(ST)	2		Xigduo XR (>\$575)			
1	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
1	1	2	\$0		Repaglinide			

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1	1	1	\$0	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
	3		1		Miglitol			
				Long Acting Insulins	Basaglar	1. Weight gain possible 2. Higher hypoglycemic risk 3. Toujeo & Tresiba may have lower hypoglycemic risk when used with orals	~ 1%	CV neutral effects
\$35		1	2		Lantus			
	2-vial				Levemir			
	2				Semglee			
\$35	2	2	2		Toujeo			
\$35	2		2		Tresiba			
	2		\$0	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
\$35	2		2		Novolin N			
	2	1-vial 2-pen			Humulin N			
	2		\$0	Regular & Rapid acting Insulins	Novolin R ReliOn vial, Pen <i>Walmart Cash price \$25, \$4</i>	1. Weight gain possible 2. Higher hypoglycemic risk	~ 1%	CV neutral effects
\$35	2		2		Novolin R			
5 (U-500)	2	1-vial 2-pen	2 (U-500 only)		Humulin R			
\$35	2		\$0		Novolin 70/30			
	2		\$0		Novolin 70/30 ReliOn vial & flexpen <i>Walmart Cash price per each \$25 and \$47</i>			
	2	1-vial 2-pen			Humulin 70/30			
					Afrezza			
			3 (PA)		Apidra			
\$35	2		2		Fiasp			
	2	2-pen	3 (PA)		Humalog			
	2	1-vial 2-pen	3 (PA)		Humalog 50/50			
	2	1-vial 2-pen	3 (PA)		Humalog 75/25			

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\$35					Insulin aspart			
\$35 - vial		1-vial 2-pen			Insulin lispro			
		2			Insulin lispro prot / lispro			
	2	1-vial 2-pen			Lyumjev			
\$35	2		2		Novolog			
	2		\$0		Novolog ReliOn vial & Pen <i>Walmart cash price >\$73 & \$85</i>			
\$35	2		2		Novolog Mix 70/30			
	2		\$0		Novolog ReliOn Mix 70/30 <i>Walmart cash price >\$73 & \$85</i>			
				GLP-1r agonists & Combos	Byetta (>\$680)	1. Weight loss possible 2. GI effects, do not use if severe GI disease 3. Risk of gallbladder disease or pancreatitis (acute and chronic) 4. C/I in patient or family history of medullary thyroid cancer or MEN2	~ 1-2%	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) Mounjaro SURPASS CVOT trial results showed noninferiority to Trulicity in DM pts with CV disease for MACE reduction, SURPASS-4 post-hoc analysis showed a lower occurrence of the kidney composite (eGFR decline, ESRD, death due
	3 (PA)	2 (PA)			Bydureon BCise (>\$930)			
		2 (PA) 3 (PA) – 3 pk			Liraglutide (>\$430-2pk, >\$650-3pk)			
3 (PA)	2 (PA)	2 (PA)	2 (PA)		Mounjaro (<\$2,000)			
3 (PA)	2 (PA)	2 (PA)	2 (PA)		Ozempic (>\$950)			
3 (PA)	2 (PA)	2 (PA)	2 (PA)		Rybelsus (>\$960)			
3 (PA)	2	2	2		Soliqua (>\$850)			
3 (PA)	2 (PA)	2 (PA)	2 (PA)		Trulicity (>\$950)			
3 (PA)	2		2		Xultophy (>\$1,285)			

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						5. Ozempic – monitor for worsening diabetic retinopathy		to kidney failure, & new onset macroalbuminuria) versus insulin glargine <u>Adlyxin</u> was found to have neutral effects on CV outcomes in DM pts with recent ASC (ELIXA) <u>Ozempic</u> is FDA approved for the combined endpoints of CV mortality, nonfatal MI, or nonfatal stroke in DM pts with CV disease (SUSTAIN-6), In CV patients without DM, CV outcomes composite was reduced over 39.8 months (SELECT trial) <u>Rybelsus</u> had neutral effects on CV outcomes in pts with T2DM and CV disease, CKD, or CV risk factors (PIONEER 6 trial). In pts with T2DM and CV disease and/or CKD, MACE reduction was reported in the SOUL trial over 49.5 months. <u>Trulicity</u> 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)

References:

- 1.) Humana Gold Plus H1951-048 (HMO) Formulary; online [PDF file], accessed 12/30/25 [Prescription Drug guide - Humana Gold Plus \(HMO\)<p>Humana Community \(HMO\)<p>Humana Gold Plus \(HMO-POS\)<p>Humana Gold Plus Giveback \(HMO-POS\)<p>Humana Gold Plus Giveback \(HMO\)<p>Humana Select Partner Plan \(HMO\)<p>Humana LCMC Advantage \(HMO\)<p>Humana FMOL Baton Rouge \(HMO\)<p>Humana Total Complete \(HMO\)<p>Humana Cleveland Clinic Preferred \(HMO-POS\)](#)
- 2.) Capital Rx Online Formulary; accessed 12/30/25 [RxFlex Formulary Drug Search for Plan - LIBERTY FOR WEB](#)
- 3.) United Healthcare Prescription Drug List; online [PDF file], accessed 12/29/25, <https://www.uhcprovider.com/content/dam/provider/docs/public/re-sources/pharmacy/commercial-pdl-jan-2025.pdf>
- 4.) BCBS 2026 Closed Tier 4 Formulary, online file, accessed 12/29/25. [2026 Closed 4 Tier HCR](#)
- 5.) American Diabetes Association. 9. Pharmacologic approaches to glycemic treatment: Standards of Medical Care in Diabetes-2020. *Diabetes Care* 2020;43(Suppl.1):S98-S110. doi.org/10.2337/dc20-S009
- 6.) Cefalu, W., Kaul, S., Gerstein, H., et al. Cardiovascular Outcomes Trials in Type 2 Diabetes: Where do we go from here? Reflections from a Diabetes Care Editors' Expert Forum. *Diabetes Care* 2018;41:14-31. [doi:10.2337/doi17-0057](https://doi.org/10.2337/doi17-0057)
- 7.) ElSayed NA, Alepp, G, Aroda VR, et al. American Diabetes Association. Introduction and methodology. *Standards of Care in Diabetes – 2023. Diabetes Care* 2023;46(Suppl.1):S1-S4
- 8.) Pricing information [NADAC \(National Average Drug Acquisition Cost\) 2025 | HealthData.gov](#). accessed 12/30/25