



Hot Tip: Diabetes

Your Healthy Blue patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization Management edits may apply to select preferred products. For additional information, please review our pharmacy coverage on the Healthy Blue website at <https://provider.healthybluene.com>.

Therapeutic class	Preferred products	Nonpreferred products
Insulin ¹	<p>Short-acting Insulin Lispro (Humalog authorized generic) <i>pen, vial, Jr kwikpen</i> Insulin Aspart (Novolog authorized generic) Humalog (insulin lispro) <i>cartridge, pen, vial</i> Humalog Jr (insulin lispro) <i>kwikpen</i> Novolog (insulin aspart) <i>cartridge, flexpen, vial</i></p> <p>Long-acting Lantus (insulin glargine) <i>Vial, pen</i> Levemir (insulin detemir) <i>pen, vial</i></p> <p>Intermediate-acting Humulin U-500^{3, CL} (human insulin) <i>Kwikpen, vial</i> Humulin R (human insulin) Humulin N (human insulin) <i>kwikpen, vial</i> Novolin N (human insulin) <i>flexpen⁴</i></p> <p>Mixes Humalog Mix (insulin lispro/lispro protamine) <i>vial, kwikpen</i> Insulin Lispro/Lispro Protamine Mix (Humalog Mix authorized generic) <i>kwikpen</i> Insulin Aspart/Aspart Protamine Mix (Novolog Mix authorized generic) <i>pen, vial</i> Novolog Mix (insulin aspart/aspart protamine) , <i>flexpen</i> Humulin 70/30 (human insulin) <i>vial</i></p>	<p>Short-acting Admelog (insulin lispro) <i>pen, vial</i> Afrezza² (insulin regular) <i>inhalation</i> Apidra (insulin glulisine) Fiasp (insulin aspart) <i>cartridge, pen, vial</i> Humalog (insulin lispro) U-200 <i>Kwikpen</i> Lyumjev (insulin lispro-aabc) <i>kwikpen, vial</i></p> <p>Long-acting Basaglar (insulin glargine, rec) <i>pen</i> Toujeo Solostar (insulin glargine) Tresiba (insulin degludec) Semglee (insulin glargine) <i>pen, vial</i> Insulin Glargine-YFGN (Semglee-YFGN authorized generic)^{NR} <i>pen, vial</i></p> <p>Intermediate-acting Novolin R (human insulin) <i>flexpen, vial</i> Novolin N (human insulin) <i>vial</i></p> <p>Mixes Novolin 70/30 (human insulin) <i>vial</i> Novolog Mix (insulin aspart/aspart protamine) <i>vial⁵</i></p>

<https://provider.healthybluene.com>

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¹ Non-preferred agents will be approved for patients who have failed a trial of **one** preferred agent within this drug class.
² Afrezza: approved for T1DM on long-acting insulin with no current history of smoking or chronic lung disease
³ Humulin R U-500 kwikpen: approved for physical reasons – such as dexterity problems and vision impairment. Usage must be for self-administration, not only convenience. Patient requires more than 200 units/day. Safety reason patient can't use vial/syringe.
⁴ As of July 22, 2022, this drug product has moved from nonpreferred to preferred.
⁵ As of July 22, 2022, this drug product has moved from preferred to nonpreferred.
^{NR} Product was not reviewed – New Drug criteria will apply
^{CL} Prior Authorization/Class criteria apply

Therapeutic class	Preferred products ¹	Nonpreferred products ²
GLP-1s ^{CL}	Bydureon (exenatide ER) Bydureon subcutaneous (exenatide ER) <i>pen</i> Byetta (exenatide) subcutaneous Trulicity (dulaglutide) Victoza (liraglutide)	Adlyxin (lixisenatide) Bydureon Bcise (exenatide) ^{QL} <i>pen</i> Ozempic (semaglutide) Rybelsus (semaglutide) Tanzeum (albiglutide)
GLP-1 RA combinations		Soliqua (lixisenatide/insulin glargine) Xultophy (liraglutide/insulin degludec)

¹ Preferred agents require a diagnosis of Type II diabetes AND a trial and failure or intolerance to metformin **or** a diagnosis of ASCVD associated with a diagnosis of Type II diabetes (no metformin trial required)
² Non-preferred agents will be approved for patients who have: Failed a trial of **two** preferred agents within GLP-1 RA AND diagnosis of diabetes with HbA1C ≥ 7 AND trial of metformin, or contraindication or intolerance to metformin.
^{CL} Prior Authorization/Class criteria apply
^{QL} Quantity/Duration limit

Therapeutic class	Preferred products ¹	Nonpreferred products ²
DPP-4 ^{QL}	Tradjenta (linagliptin) Januvia (sitagliptin)	Alogliptin (generic Nesina) Onglyza (saxagliptin)
DPP4 combo products ^{QL}	Janumet (sitagliptin/metformin) Janumet XR (sitagliptin/metformin) Jentadueto (linagliptin/metformin)	Alogliptin/metformin (generic Kazano) Glyxambi (empagliflozin/linagliptin) ³ Jentadueto XR (linagliptin/metformin) Alogliptin/pioglitazone (generic Oseni) Kombiglyze XR (saxagliptin/metformin) Qtern (dapagliflozin/saxagliptin) Steglujan (ertugliflozin/sitagliptin) Trijardy XR ^{AL} (empagliflozin/linagliptin/metformin)

¹ Preferred agents require a diagnosis of Type II diabetes AND a trial and failure or intolerance to metformin
² Non-preferred DPP-4s will be approved for patients who have failed a trial of **one** preferred agent within DPP-4.
³ As of July 22, 2022, this drug product has moved from preferred to nonpreferred.
^{QL} Quantity/Duration limit
^{AL} Age limit

Therapeutic class	Preferred products ¹	Nonpreferred products ²
SGLT2	Farxiga (dapagliflozin) ^{QL, CL} Invokana (canagliflozin) ^{CL} Jardiance (empagliflozin) ^{QL, CL}	Streglatro (ertugliflozin) ^{QL}
SGLT2 Combo products	Invokamet (canagliflozin/metformin) ^{QL, CL} Synjardy (empagliflozin/metformin) ^{CL, QL} Xigduo XR (dapagliflozin/metformin) ^{QL, CL}	Synjardy XR (empagliflozin/metformin) ^{QL} Invokamet XR (canagliflozin/metformin) ^{QL} Segluromet (ertugliflozin/metformin) ^{QL}
<p>¹ Preferred agents require a diagnosis of Type II diabetes AND a trial and failure or intolerance to metformin or a diagnosis of ASCVD or Heart Failure, or Chronic Kidney Disease associated with a diagnosis of Type II diabetes (no metformin trial required)</p> <p>² Non-preferred agents will be approved for patients who have failed a trial of one preferred agent within this drug class.</p> <p>^{QL} Quantity/Duration limit ^{CL} Prior Authorization/Class criteria apply ^{AL} Age limit</p>		
Therapeutic class	Preferred products	Nonpreferred products ¹
TZDs	Pioglitazone (generic Actos)	Avandia (rosiglitazone) Actos (pioglitazone) Pioglitazone-Glimepiride (generic Duetact)
TZD combinations ²		Pioglitazone-Metformin (generic Actoplus Met)
<p>¹ Non-preferred agents will be approved for patients who have failed a trial of the preferred agent within this drug class.</p> <p>² Combination products: require clinical reason why individual ingredients cannot be used.</p>		
Diabetic supplies	BD pen needles and insulin syringes are the preferred product for diabetic supplies.	All other manufacturers for pen needles and insulin syringes are nonpreferred products and may require prior authorization.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **833-388-1406** Monday to Friday from 7 a.m. to 8 p.m. CT.



Email is the quickest and most direct way to receive important information from Healthy Blue.



To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/3oXHYBP>).