

Commercial Plans	
Biguanides – Covered Drugs	Notes
metformin IR Tablet metformin XR (500mg, 750mg) Tablet	Due to the high cost of the Metformin ER 1000mg, it is not a covered product. For 2000mg XR dose consider 4 tablets of the 500mg XR or 2-3 tablets of the 750mg XR.
Sulfonylureas – Covered Drugs	
glipizide IR glipizide ER glimepiride glyburide	chlorpropamide tolazamide tolbutamide
DPP-4 Inhibitors – Covered Drugs	Step Therapy Criteria
Januvia (sitagliptin) Tradjenta (linagliptin)	For treatment of diabetes, member must have tried metformin (at least 90 day supply in the prior 180 days) before authorization may be given.
alogliptin	N/A
Thiazolidinediones (TZDs) – Covered Drugs	
pioglitazone Avandia (rosiglitazone)	
GLP-1 Agonists – Covered Drugs	Step Therapy Criteria
Victoza (liraglutide) Trulicity (dulaglutide) Ozempic (semaglutide)	For treatment of diabetes, member must have tried metformin (at least 90 day supply in the prior 180 days) before authorization may be given.
Amylin Analogs – Covered Drugs	Preauthorization Criteria
SymlinPen (pramlintide)	If patient received Symlin in previous 3 months, patient demonstrated an expected reduction in HbA1 since starting Symllin therapy. <b>OR</b> The patient has inadequate glycemic control (HbA1c>7%), <b>AND</b> Patient is currently receiving optimal mealtime insulin therapy.
SGLT-2 Inhibitors – Covered Drugs	Step Therapy Criteria
Jardiance (empagliflozin) Farxiga (dapagliflozin)	For treatment of diabetes, member must have tried metformin (at least 90 day supply in the prior 180 days) before authorization may be given.
Combination Formulations – Covered Drugs	Step Therapy Criteria
Glyxambi (empagliflozin-linagliptin) Janumet (sitagliptin-melformin) Janumet XR Jentadueto (linagliptin-metformin) Jentadueto XR Synjardy (empagliflozin-metformin) Synjardy XR Xigduo XR (dapagliflozin-metformin)	For treatment of diabetes, member must have tried metformin (at least 90 day supply in the prior 180 days) before authorization may be given.
glipizide - metformin glyburide – metformin alogliptin-pioglitazone	N/A

## Medicare Plans

### Biguanides – Covered Drugs

metformin IR Tablet  
metformin XR (500mg, 750mg) Tablet

### Notes

Due to the high cost of the Metformin ER 1000mg, it is not a covered product.  
For 2000mg XR dose consider 4 tablets of the 500mg XR or 2-3 tablets of the 750mg XR.

### Sulfonylureas – Covered Drugs

glipizide IR  
glipizide ER  
glimepiride

### DPP-4 Inhibitors – Covered Drugs

Januvia (sitagliptin)  
Tradjenta (linagliptin)

### Thiazolidinediones (TZDs) – Covered Drugs

pioglitazone

### GLP-1 Agonists – Covered Drugs

Victoza (liraglutide)  
Byetta (exenatide)  
Bydureon (exenatide)  
Trulicity (dulaglutide)  
Ozempic (Semaglutide)

### Amylin Analogs – Covered Drugs

SymlinPen (pramlintide)

### Preauthorization Criteria

If patient received Symlin in previous 3 months, patient demonstrated an expected reduction in HbA1 since starting Symllin therapy. **OR** The patient has inadequate glycemic control (HbA1c>7%), **AND** Patient is currently receiving optimal mealtime insulin therapy.

### SGLT-2 Inhibitors – Covered Drugs

Invokana (canagliflozin)  
Jardiance (empagliflozin)

### Combination Formulations – Covered Drugs

glipizide - metformin  
Janumet (sitagliptin-melformin)  
Janumet XR  
Jentadueto (linagliptin-metformin)  
Jentadueto XR  
Invokamet (canagliflozin-metformin)  
Invokamet XR  
pioglitazone-metformin  
repaglinide-metformin  
Synjardy (empagliflozin-metformin)  
Synjardy XR

## Medicaid Plans

Biguanides – Covered Drugs	Notes
metformin IR Tablet metformin XR (500mg, 750mg) Tablet	Due to the high cost of the Metformin ER 1000mg, it is not a covered product. For 2000mg XR dose consider 4 tablets of the 500mg XR or 2-3 tablets of the 750mg XR.

Sulfonylureas – Covered Drugs
glipizide IR glipizide ER glipizide XL glimepiride glyburide

DPP-4 Inhibitors – Covered Drugs	Step Therapy*
Januvia (sitagliptin)	Requires that patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days) before authorization is given.
Tradjenta (linagliptin)	Requires that the patient has tried a Step 1 and Step 2 (both at least a 30-day supply in the prior 180 days) before authorization is given.

Thiazolidinediones (TZDs) – Covered Drugs
pioglitazone

GLP-1 Agonists – Covered Drugs	Preauthorization Criteria
Victoza (liraglutide) Byetta (exenatide) Bydereon (exenatide) Trulicity (dulaglutide)	<p>The patient is diagnosed as having type-2 diabetes with an HbA1C level greater than 7.</p> <p>The patient demonstrated an inadequate treatment response, intolerance or contraindication to an adequate trial of: metformin AND an additional oral antidiabetic agent (e.g. sulfonylurea (e.g. glyburide, glimepiride, glipizide), pioglitazone, Dipeptidyl peptidase-4 (DPP4) inhibitor (e.g. Januvia, Tradjenta), or Sodium-glucose co-transporter 2 (SGLT2) inhibitor (Invokana, Jardiance).</p> <p>For reauthorization, patient demonstrated an expected reduction in hemoglobin A1c (HbA1C) since starting therapy of at least 0.5%</p>

SGLT-2 Inhibitors – Covered Drugs	Step Therapy Criteria*
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Invokana (canagliflozin)	*Requires that patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days) before authorization is given.
Jardiance (empagliflozin)	*Requires that patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days) before authorization is given.
Combination Formulations – Covered Drugs	
Step Therapy Criteria*	
glipizide - metformin glyburide - metformin	
Janumet (sitagliptin-metformin) Janumet XR	*Requires that patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days) before authorization is given.
Jentadueto (linagliptin-metformin) Jentadueto XR	*Requires that patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days) before authorization is given.
Invokamet (canagliflozin-metformin) Invokamet XR	*Requires that patient has tried a Step 1 drug (at least a 30-day supply in the prior 180 days) before authorization is given.

**\*Step Therapy Ladder for Oral Antidiabetic Agents**

**Step 1 Drugs:** Glimepiride tablet, glipizide ER tablet extended release 24 hour, glipizide tablet, glipizide XL tablet extended release 24 hour, glipizide-metformin HCL tablet, glyburide micronized tablet, glyburide tablet, glyburide-metformin tablet, metformin HCL ER tablet extended release 24 hour, metformin HCL tablet

**Step 2 Drugs:** Janumet tablet, janumet XR tablet extended release 24 hour, januvia tablet, jardiance tablet

**Step 3 Drugs:** Invokamet tablet, invokamet XR tablet extended release 24 hour, invokana tablet, jentadueto tablet, jentadueto XR tablet extended release 24 hour, tradjenta tablet

