

## FORMULARY UPDATES 1/13/2022

### Diabetes Medications (\*Step therapy \*\*PA required)

	Healthy San Francisco	Medi-cal Rx (formerly SFHP medi-cal and Anthem BC medi-cal)	Healthy Worker	Medicare
GLP-1	Liraglutide (Victoza)* Exenatide ER (Bydureon)**	Liraglutide (Victoza) Semaglutide (Ozempic or Rybelsus) Dulaglutide (Trulicity) Exenatide ER (Bydureon)	Liraglutide (Victoza)* Semaglutide (SQ Ozempic or oral Rybelsus)*	varies
SGLT-2 inhibitors	Empagliflozin (Jardiance)*, **	Empagliflozin (Jardiance) Dapagliflozin (Farxiga)	Empagliflozin (Jardiance)* Canagliflozin (Invokana)*	Varies
DPP4 inhibitors	Sitagliptin (Januvia), if A1c < 8.5%	Sitagliptin (Januvia) Saxagliptin (Onglyza)	alogliptin	varies
Basal insulin	NPH vial Glargine (Lantus ) vial for T1 Glargine (Lantus) vial for T2** Glargine (Lantus) pen**	Humulin or Novolin NPH vial Humulin or Novolin NPH pen** Glargine (Lantus, Basaglar, Semglee) vial/pen Degludec (Tresiba) u-100 vial/pen Degludec (Tresiba) u-200 pen Detemir (Levemir) vial/pen	Glargine (Basaglar) pen Degludec (Tresiba) vial/pen* Detemir (Levemir) vial/pen*	varies
Prandial insulin	Regular vial Aspart vial/pen	Humulin or Novolin R vial Novolin R pen** Aspart vial/pen/cartridge Aspart niacinimide vial/pen/cartridge Lispro vial/pen/cartridge	Lispro vial/pen Admelog vial/pen Insulin lispro junior pen (1/2 units)	varies
Premix insulin	Novolog 70/30 vial/pen	Humulin or Novolin 70/30 (vial) Humulin or Novolin 70/30 (pen)** Aspart protamine/aspart 70/30 vial/pen Lispro protamine/lispro 75/25 vial/pen Lispro protamine/lispro 50/50 vial/pen	Aspart pro/aspart 70/30 vial/pen Lispro pro/lispro 75/25 vial/pen Humalog 50/50 vial/pen**	varies
u-500 insulin	Vial**	vial	Vial/pen**	varies

## Diabetes Supplies and Devices

	Healthy San Francisco	Medi-cal Rx (formerly SFHP medi-cal and Anthem BC medi-cal)	Healthy Worker	Medicare
Pen needles	Generic pen needles 4, 8 mm lengths	Specific brands only, various lengths and gauges: BD Ultra-fine, Pentips, Unifine, Techlite, Trueplus, Ulticare, Ultiguard 4, 5, 6, 8, 12 mm lengths, 31 or 32G	Generic pen needles 5, 8 mm lengths	Varies
Syringes	0.3, 0.5 and 1 mL	(0.3 mL?) 0.5 and 1 mL	0.3, 0.5 and 1 mL	Varies
Glucometer and associated test strips, lancets	Accu-chek Guide Guide test strips Softclix lancets	Various: Accu-chek Guide, OneTouch Verio, Prodigy Autocode, True Metrix, Freestyle Lite <i>(Accu-chek Aviva Plus test strips are still covered though Aviva meter no longer being manufactured)</i> <ul style="list-style-type: none"> <li>On insulin, limit 150 test strips/200 lancets <b>per 30 d</b>. Higher qty needs PA</li> <li>Not on insulin, limit 100 test strips/100 lancets <b>per 90 d</b>. Higher qty needs PA</li> <li>GDM +/- insulin, limit 150 test strips/200 lancets <b>per 30 d</b>. Higher qty needs PA</li> </ul>	Accu-chek Guide or Guide Me Guide test strips Softclix lancets	Varies
Continuous glucose monitor	Not covered	T1DM only: Freestyle Libre, Freestyle Libre 2, Dexcom G6 through <b>pharmacy</b> with PA T2DM: possible through <b>DME supplier</b> with PA  <i>(T2DM with existing PA approval, grandfathered in until 7/1/2022 then need new PA)</i>	Freestyle Libre through <b>pharmacy</b> with PA Dexcom G6 through <b>DME supplier</b> with PA	Varies
Insulin pump	Not covered	Omnipod or Omnipod DASH through <b>pharmacy</b> with PA If SFHP medi-cal, T-slim and Medtronic possible through <b>DME supplier</b> with PA	T-slim or Medtronic, possible through <b>DME supplier</b> with PA	varies