

FORMULARY UPDATES 9/1/2022

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 IR (Byetta), 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%	Alogliptin (Nessina) Linagliptin (Tradjenta) Saxagliptin (Onglyza) Sitagliptin (Januvia)	alogliptin	varies
Basal insulin	NPH vial Glargine (Lantus) vial for T1 Glargine (Lantus) vial for T2** Glargine (Lantus) 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	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	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 Me, OneTouch Verio, Prodigy Autocode, True Metrix, Freestyle Lite, Contour <i>(Accu-chek Aviva Plus test strips are still covered though Aviva meter is no longer being manufactured)</i> <ul style="list-style-type: none"> On insulin, limit 150 test strips/200 lancets per 30 d. Higher qty needs PA Not on insulin, limit 100 test strips/100 lancets per 90 d. Higher qty needs PA GDM +/- insulin, limit 150 test strips/200 lancets per 30 d. Higher qty needs PA 	Accu-chek Guide or Guide Me Guide test strips Softclix lancets	Varies
Continuous glucose monitor	Not covered	T1DM only by PA: Freestyle Libre 14-day, Freestyle Libre 2, Freestyle Libre 3, Dexcom G6, Guardian 3 through pharmacy T2DM: CGM not covered <i>(T2DM currently using CGM may be grandfathered in, PA renewal date TBD)</i>	Freestyle Libre 14-day and Freestyle Libre 2 through pharmacy with PA Dexcom G6 through DME supplier with PA	Varies
Insulin pump	Not covered	Omnipod 5 or Omnipod DASH through pharmacy with PA T-slim and Medtronic through DME supplier with PA V-Go 20/30/40 with PA	T-slim, Medtronic or Omnipod possible through DME supplier with PA	varies