Anthem

Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Provider Bulletin
October 2020

Anthem Blue Cross and Blue Shield (Anthem)
Hot Tip: Diabetes

Your Anthem 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. Coverage should be verified by reviewing the *Preferred Drug List* (*PDL*) on the Anthem provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Insulin[1]	**Short-acting** • Afrezza (insulin regular) • Apidra (isulin glulisine) • Fiasp (insulin aspart) • Humalog (insulin lispro) • Insulin Aspart (Novolog authorized generic) • Novolog (insulin aspart) **Long-acting** • Lantus (insulin glargine) • Levemir (insulin detemir) • Toujeo (insulin glargine) • Tresiba (insulin degludec)	**Short-acting** • Admelog (insulin lispro) • Insulin Lispro (Humalog authorized generic) **Intermediate-acting** • Humulin R & Novolin R (insulin regular) • Humulin N & Novolin N (insulin NPH) **Long-acting** • Basaglar (insulin glargine) **Mixes** • **Insulin Lispro Mix (Humalog Mix)** • Humalog Mix (insulin lispro) • Humulin Mix (insulin NPH & insulin regular) • Insulin Aspart Mix (Novolog Mix authorized generic) • Novolin Mix (insulin NPH & insulin regular) • Novolog Mix (insulin aspart)
GLP-1s[2]	• Adlyxin (lixisenatide) • Bydureon (exenatide) • Byetta (exenatide) • Trulicity (dulaglutide)	• Ozempic (semaglutide) • Victoza (liraglutide)

AINPEC-2750-20 October 2020

Therapeutic class	Nonpreferred products	Preferred products
GLP-1/long-acting insulin combo[3]	• Tanzeum (albiglutide) • Soliqua (lixisenatide/insulin glargine) • Xultophy (liraglutide/insulin degludec)	
DPP4-s[2]	• Alogliptin (generic Nesina) • Nesina (alogliptin) • Onglyza (saxagliptin) • Tradjenta (linagliptin)	• Januvia (sitagliptin)
DPP4 Combo Products[3]	• Alogliptin/metformin[2] (generic Kazano) • Alogliptin/pioglitazone[2] (generic Oseni) • Jentadueto & Jentadueto XR (linagliptin/metformin) • Kazano (alogliptin/metformin) • Kombiglyze XR (saxagliptin/ metformin) • Oseni[2] (alogliptin/pioglitazone)	• Janumet & Janumet XR (sitagliptin/ metformin)
SGLT2[2]	• Farxiga (dapagliflozin) • Invokana (canagliflozin) • Streglatro (ertugliflozin)	• Jardiance (empagliflozin)
SGLT2 Combo Products[3]	• Glyxambi (empagliflozin/ linagliptin) • Invokamet & Invokamet XR (canagliflozin/metformin) • Qtern (dapagliflozin/ saxagliptin) • Segluromet (ertugliflozin/ metformin) • Steglujan (ertugliflozin/ sitagliptin)Xigduo XR (dapagliflozin/ metformin)	• Synjardy & Synjardy XR (empaglflozin/ metformin)
TZDs[4]	• Actos (pioglitazone) • Avandia (rosiglitazone) • Duetact (pioglitazone/glimepiride) • Actoplus Met & Actoplus Met XR (pioglitazone/metformin) • Avandamet (rosiglitazone/ metformin)	• Pioglitazone (generic Actos) • Pioglitazone-Metformin (generic Actoplus Met) • Pioglitazone-Glimepiride (generic Duetact)
Diabetic Supplies	All other manufacturers for Pen Needles & Insulin Syringes are nonpreferred products and may require Prior Authorization.	BD Pen Needles & Insulin Syringes are the preferred product for diabetic supplies.

Therapeutic class	Nonpreferred products	Preferred products
1	Insulin quantities are limited to 30 ml per 30 days.	
2	All anti-diabetic agents require step therapy through metformin unless contraindicated.	
3	Combination agents require trial of individual agents and rational regarding clinical necessity of combination product.	
4	TZDs have step therapy through metformin AND one preferred drug within any of the following classes: DPP4s, GLP-1s, SGLT2s	

To identify patients of yours who are likely to experience claim rejection, contact your Provider Relations representative.

If you have questions regarding this *Hot Tip*, call Provider Services at one of the following numbers:

- Hoosier Healthwise: **1-866-408-6132**
- Healthy Indiana Plan: **1-844-533-1995**
- Hoosier Care Connect: **1-844-284-1798**

PDL:

- Hoosier Healthwise **https://fm.formularynavigator.com/FBO/4/Indiana_HHW_PDL_English.pdf**
- Healthy Indiana Plan **https://fm.formularynavigator.com/FBO/4/Indiana_Plus_PDL_English.pdf**
- Hoosier Care Connect **https://fm.formularynavigator.com/FBO/4/Indiana_HCC_PDL_English.pdf**