



Therapeutic class	Nonpreferred products	Preferred products
DPP4 Combo Products <sup>3</sup>	<ul style="list-style-type: none"> <li>• Tradjenta (linagliptin)</li> <li>• Alogliptin/metformin<sup>2</sup> (generic Kazano)</li> <li>• Alogliptin/pioglitazone<sup>2</sup> (generic Oseni)</li> <li>• Jentaducto &amp; Jentaducto XR (linagliptin/metformin)</li> <li>• Kazano (alogliptin/metformin)</li> <li>• Kombiglyze XR (saxagliptin/metformin)</li> <li>• Oseni<sup>2</sup> (alogliptin/pioglitazone)</li> </ul>	<ul style="list-style-type: none"> <li>• Janumet &amp; Janumet XR (sitagliptin/ metformin)</li> </ul>
SGLT2 <sup>2</sup>  SGLT2 Combo Products <sup>3</sup>	<ul style="list-style-type: none"> <li>• Farxiga (dapagliflozin)</li> <li>• Invokana (canagliflozin)</li> <li>• Streglatro (ertugliflozin)</li> <li>• Glyxambi (empagliflozin/ linagliptin)</li> <li>• Invokamet &amp; Invokamet XR (canagliflozin/metformin)</li> <li>• Qtern (dapagliflozin/ saxagliptin)</li> <li>• Segluromet (ertugliflozin/ metformin)</li> <li>• Steglujan (ertugliflozin/ sitagliptin) Xigduo XR (dapagliflozin/ metformin)</li> </ul>	<ul style="list-style-type: none"> <li>• Jardiance (empagliflozin)</li> <li>• Synjardy &amp; Synjardy XR (empagliflozin/ metformin)</li> </ul>
TZDs <sup>4</sup>	<ul style="list-style-type: none"> <li>• Actos (pioglitazone)</li> <li>• Avandia (rosiglitazone)</li> <li>• Duetact (pioglitazone/glimepiride)</li> <li>• Actoplus Met &amp; Actoplus Met XR (pioglitazone/metformin)</li> <li>• Avandamet (rosiglitazone/ metformin)</li> </ul>	<ul style="list-style-type: none"> <li>• Pioglitazone (generic Actos)</li> <li>• Pioglitazone-Metformin (generic Actoplus Met)</li> <li>• Pioglitazone-Glimepiride (generic Duetact)</li> </ul>
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.

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

If you have questions regarding this *Hot Tip*, call Provider Services at **1-844-396-2330** or email your Provider Relations representative at [nvproviderrelations@anthem.com](mailto:nvproviderrelations@anthem.com).

*PDL:* <https://mediproviders.anthem.com/nv/pages/formulary.aspx>