

Therapeutic class	Nonpreferred products	Preferred products
	<ul style="list-style-type: none"> Xultophy (liraglutide/insulin degludec) 	
<p>DPP4-s²</p> <p>DPP4 combo products³</p>	<ul style="list-style-type: none"> Alogliptin (generic Nesina) Nesina (alogliptin) Onglyza (saxagliptin) Tradjenta (linagliptin) Alogliptin/metformin² (generic Kazano) Alogliptin/pioglitazone² (generic Oseni) Jentadueto & Jentadueto XR (linagliptin/metformin) Kazano (alogliptin/metformin) Kombiglyze XR (saxagliptin/metformin) Oseni² (alogliptin/pioglitazone) 	<ul style="list-style-type: none"> Januvia (sitagliptin) Janumet & Janumet XR (sitagliptin/ metformin)
<p>SGLT2²</p> <p>SGLT2 combo products³</p>	<ul style="list-style-type: none"> Farxiga (dapagliflozin) Invokana (canagliflozin) Streglatro (ertugliflozin) Glyxambi (empagliflozin/ linagliptin) Invokamet & Invokamet XR (canagliflozin/metformin) Qtern (dapagliflozin/ saxagliptin) Segluromet (ertugliflozin/ metformin) Steglujan (ertugliflozin/ sitagliptin) Xigduo XR (dapagliflozin/ metformin) 	<ul style="list-style-type: none"> Jardiance (empagliflozin) Synjardy & Synjardy XR (empagliflozin/ metformin)
<p>TZDs⁴</p>	<ul style="list-style-type: none"> Actos (pioglitazone) Avandia (rosiglitazone) 	<ul style="list-style-type: none"> Pioglitazone (generic Actos) Pioglitazone-Metformin (generic Actoplus Met) Pioglitazone-Glimepiride (generic Duetact)

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	<ul style="list-style-type: none">• Duetact (pioglitazone/glimepiride)• Actoplus Met & Actoplus Met XR (pioglitazone/metformin)• Avandamet (rosiglitazone/metformin)	
<ol style="list-style-type: none">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 **800-450-8753**.

PDL: <https://providers.anthem.com/new-york-anthem-provider/resources/pharmacy-information>