

Mass Health Partial Unified Formulary: Effective 1/1/21: Antidiabetic Agents

Biguanides

- Metformin (generic Glucophage) & generic Glucophage XR are **PREFERRED**
- Members on non-preferred biguanides will **not be grandfathered, new prescriptions need to be issued for the preferred agents.**
- Members ≥ 13 y.o. on Riomet solution will also **not be grandfathered.**

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Metformin tablet (generic Glucophage)	Covered	Covered	No action
Riomet solution (metformin)	Not Covered	< 13 y.o.: Brand Preferred ≥ 13 y.o.: PA, Brand Preferred	Switch members on generic metformin solution or Riomet ER to brand Riomet (if age appropriate)
Metformin ER tablet (generic Glucophage XR)	Covered	Covered	Switch members from generic Glumetza or generic Fortamet to generic Glucophage XR
Non-preferred Drugs			
Metformin ER tablet (generic Fortamet)	PA	PA	Switch members to generic Glucophage XR
Metformin ER tablet (generic Glumetza)	PA	PA	
Metformin solution (generic Riomet)	Covered	Not Covered	Switch members to metformin tablet or brand Riomet (if age appropriate)
Riomet ER solution (metformin ER)	Not Covered	PA	Switch members to generic Glucophage XR or brand Riomet (if age appropriate)

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor

- Januvia, Onglyza, or Tradjenta are **PREFERRED**
- Current alogliptin utilizers will not be grandfathered. **New prescriptions for a preferred agent must be written.**

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Januvia (sitagliptin)	Not Covered	Covered	Switch members from alogliptin to Januvia, Onglyza, or Tradjenta
Onglyza (saxagliptin)			
Tradjenta (linagliptin)			
Non-preferred Drugs			
Alogliptin (generic Nesina)	PA, QL	PA, QL	Switch members to Januvia, Onglyza, or Tradjenta

Sodium Glucose Co-Transporters-2 (SGLT-2) Inhibitors

- Farxiga, Invokana, or Jardiance are **PREFERRED**
- Existing Steglatro utilizers will **not be grandfathered. New prescriptions for a preferred agent must be written**

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Farxiga (dapagliflozin)	Not Covered, QL	QL	Switch members from Steglatro to Farxiga, Invokana, or Jardiance
Invokana (canagliflozin)			
Jardiance (empagliflozin)			
Non-preferred Drugs			
Steglatro (ertugliflozin)	STPA, QL	PA, QL	Switch members to Farxiga, Invokana, or Jardiance

Glucagon-Like Peptide-1 (GLP-1) Agonists and Combination Products

- Bydureon, Byetta Trulicity, or Victoza are **PREFERRED**
- Current utilizers of Bydureon BCise, Ozempic, Rybelsus, Soliqua, or Xultophy will **not be grandfathered. New prescriptions for preferred agents must be written.**

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Bydureon (exenatide ER)	Not Covered, QL	QL	Switch members on Bydureon BCise, Ozempic, or Rybelsus to Bydureon, Byetta Trulicity, or Victoza
Byetta (exenatide)	Not Covered, QL	QL, Brand Preferred	
Trulicity* (dulaglutide)	QL, Preferred Drug	QL, Preferred Drug	
Victoza (liraglutide)	QL	QL	
Non-preferred Drugs			
Bydureon BCise (exenatide ER)	Not Covered, QL	PA, QL	Switch members to Bydureon BCise, Byetta, Trulicity, or Victoza
Ozempic (semaglutide)	QL		
Rybelsus tablet (semaglutide)	Not Covered, QL		
Soliqua (insulin glargine/lixisenatide)	Not Covered		Switch members to Bydureon BCise, Byetta, Trulicity, or Victoza and Lantus vial/SoloStar
Xultophy (insulin degludec/liraglutide)	Not Covered		

*Medication on the MassHealth ACP/MCO Uniform Preferred Drug List

Insulins: Basal Insulins

- Lantus and Lantus Solostar are **PREFERRED**
- Current utilizers of Basaglar and Semglee will **not be grandfathered. New prescriptions must be written for Lantus.**

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drug			
Lantus SoloStar (insulin glargine)	Not Covered	Covered	Switch members from Basaglar or Semglee to Lantus vial or SoloStar
Lantus vial (insulin glargine)	Not Covered	Covered	
Non-preferred Drugs			
Basaglar KwikPen (insulin glargine)	Covered	PA	Switch members to Lantus vial or Lantus SoloStar
Semglee pen (insulin glargine)	Not Covered	PA	
Semglee vial (insulin glargine)	Not Covered	PA	

Insulins: Rapid-Acting Insulins and Mixes

- **Brand Humalog and brand Novolog formulations** are going to be **PREFERRED** over their authorized generics. *New prescriptions must be written for Humalog and Novolog.*
- **Admelog SoloStar and vial** will be **non-preferred and require PA.**
- Members on non-preferred rapid-acting insulins and mixes will **not be grandfathered.**

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Humalog vial (insulin lispro)	Not Covered	Brand Preferred	Switch members on Admelog, insulin aspart, or insulin lispro to brand Humalog KwikPen/vial/cartridge or brand Novolog FlexPen/vial/cartridge
Humalog KwikPen (insulin lispro)			
Humalog Junior KwikPen (insulin lispro)			
Humalog cartridge (insulin lispro)			
Novolog vial (insulin aspart)			
Novolog FlexPen (insulin aspart)			
Novolog penfill cartridge (insulin aspart)			

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Humalog Mix 75/25 vial (insulin lispro protamine and insulin lispro)	Covered	Brand Preferred	Switch members on generic insulin lispro protamine/insulin lispro 75/25 to brand Humalog Mix 75/25 KwikPen or vial
Humalog Mix 75/25 KwikPen (insulin lispro protamine and insulin lispro)			
Novolog Mix 70/30 vial (insulin aspart protamine and insulin aspart)			Switch members on generic insulin aspart protamine/insulin aspart 70/30 to brand Novolog Mix 70/30 FlexPen or vial
Novolog Mix 70/30 FlexPen (insulin aspart protamine and insulin aspart)			
Non-preferred Drugs			
Admelog SoloStar/Vial (insulin lispro)	Covered	PA	Switch members to brand Humalog KwikPen/vial/cartridge or Novolog FlexPen/vial/cartridge
Apidra SoloStar/Vial (insulin glulisine)	Not Covered	PA	
Fiasp FlexTouch/Vial/PenFill (insulin aspart)			
Insulin aspart FlexPen (generic Novolog FlexPen)	Not Covered	Not Covered	Switch members to brand Humalog KwikPen/vial/cartridge or Novolog FlexPen/vial/cartridge
Insulin aspart vial (generic Novolog vial)			
Insulin aspart penfill cartridge (generic Novolog cartridge)			
Insulin lispro vial (generic Humalog)			
Insulin lispro Junior KwikPen (generic Humalog Junior KwikPen)			
Insulin lispro KwikPen (generic Humalog KwikPen)	Covered		Switch patients from generic insulin aspart protamine/insulin aspart 70/30 vial to brand Novolog 70/30 FlexPen or vial
Insulin aspart protamine/ insulin aspart 70/30 vial (generic Novolog Mix 70/30)			
Insulin aspart protamine/ insulin aspart 70/30 FlexPen (generic Novolog Mix 70/30 FlexPen)			
Insulin lispro protamine/ insulin lispro 75/25 KwikPen (generic Humalog Mix 75/25 KwikPen)			Switch patients from generic insulin lispro protamine/insulin lispro 75/25 KwikPen to brand Humalog Mix 75/25 KwikPen or vial

Combination Products:

- **SGLT-2 Inhibitor/Metformin Combination Products:** Current Segluromet utilizers will ***not be grandfathered***.
- **DPP-4 Inhibitor/Metformin Combination Products:** Current alogliptin/metformin utilizers will ***not be grandfathered***.
- **DPP-4 Inhibitor/SGLT-2 Inhibitor Combination Product:** Current Glyxambi utilizers will ***not be grandfathered***.
- ***New prescriptions must be written for a preferred combination product.***

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
SGLT-2 Inhibitor/Metformin Combination Products			
Partial Unified Formulary – Preferred Drugs			
Invokamet (canagliflozin/metformin)	Not Covered, QL	QL	Switch members on Segluromet to Invokamet, Invokamet XR, Synjardy, Synjardy XR, or Xigduo XR
Invokamet XR (canagliflozin/metformin ER)			
Synjardy (empagliflozin/metformin)			
Synjardy XR (empagliflozin/metformin ER)			
Xigduo XR (dapagliflozin/metformin ER)			
Non-preferred Drugs			
Segluromet (ertugliflozin/metformin)	STPA	PA, QL	Switch members to Invokamet, Invokamet XR, Synjardy, Synjardy XR, or Xigduo XR
DPP-4 Inhibitor/Metformin Combination Products			
Partial Unified Formulary – Preferred Drugs			
Janumet (sitagliptin/metformin)	Not Covered, QL	QL	Switch members on alogliptin/metformin to Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Kombiglyze XR
Janumet XR (sitagliptin/metformin ER)			
Jentadueto (linagliptin/metformin)			
Jentadueto XR (linagliptin/metformin ER)			
Kombiglyze XR (saxagliptin/metformin ER)			
Non-preferred Drugs			
Alogliptin/metformin (generic Kazano)	PA, QL	PA, QL	Switch members to Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Kombiglyze XR
DPP-4 Inhibitor/SGLT-2 Inhibitor Combination Product			
Non-preferred Drugs			
Glyxambi (empagliflozin/linagliptin)	Not Covered, QL	PA, QL	Switch members to Jardiance and Tradjenta

Updated 11-2020