

Newer Diabetes Therapeutic Drug Classes: Cost and Coverage Details

The 2023 American Diabetes Association guidelines stress that first-line therapy for type 2 diabetes (T2DM) depends on comorbidities, patient-centered treatment factors, and management needs and generally includes metformin and comprehensive lifestyle modification. They also state that other medications, (glucagon-like peptide 1 [GLP-1] receptor agonists, sodium–glucose cotransporter 2 [SGLT2] inhibitors), with or without metformin based on glycemic needs, are appropriate initial therapy for individuals with T2DM with or at high risk for atherosclerotic cardiovascular disease (ASCVD), heart failure, and/or chronic kidney disease (CKD).

- For patients *with established ASCVD*, or indicators of high risk, established kidney disease, or heart failure, a SGLT-2 inhibitor or GLP-1 receptor agonist with *demonstrated cardiovascular benefit* is recommended as part of the glucose-lowering regimen *independent* of HbA1c and in consideration of patient specific factors.
- For patients *without established CVD*, medication specific factors as well as insurance coverage, side effect profile, and patient preference should drive selection.

Document Key:
 PA: Prior Authorization, ST: Step Therapy, NC: Not Covered; 1: lowest Tier copay. 2: mid-Tier copay, 3: highest Tier copay; NTM=new to market, QL=quantity limit
 Preferred: covered w/out a PA
 Pricing and coverage verified as of 2/10/2023.

Glucagon-like peptide-1 receptor agonist (GLP-1 RA)

	Trulicity <i>(dulaglutide)</i>	Victoza <i>(liraglutide)</i>	Bydureon BCise <i>(exenatide ER)</i>	Byetta <i>(exenatide)</i>	Ozempic <i>(semaglutide)</i>	Rybelsus <i>(semaglutide)</i>
Frequency	Once WEEKLY	Once DAILY	Once WEEKLY	Twice DAILY	Once WEEKLY	Once DAILY ORAL
% A1c Reduction	1.5%	1.5%	1.4%	1%	1.4%	1%
Cost/Month	\$\$\$\$	\$\$	\$\$\$	\$\$	\$\$\$	\$\$\$\$
Health Plan Coverage						
BCBS-MA	2/ST	2/ST	NC	NC	2/ST	2/ST
HPHC	2/ST	2/ST	2/ST	2/ST	2/ST	2/ST
TUFTS	2/ST	2	2/ST	2/ST	2	2/QL
MA Health (MAH) Tufts ACO (BIDCO/Lahey)	Preferred*	Covered	Covered	Covered	NC/PA	PA
MAH BMC ACO (Lahey)	Preferred	Covered	PA	Covered	PA	PA
BCBS-SR	2	2	2/QL	3/QL	2	2
United Healthcare SR	3/QL	3/QL	3/QL	4/QL	3/QL	3/QL
HPHC – BILH Employee Plan	Covered	Covered	NC	NC	Covered	Covered

Glucose – Dependent Insulinotropic Polypeptide (GIP) and GLP-1 RA

Brand Name	Cost/month	BCBS-MA	HPHC	TUFTS	MA Health Tufts ACO (BIDCO/ Lahey)	MAH BMC ACO (Lahey)	BCBS-SR	United Healthcare SR	HPHC – BILH Employee Plan
Mounjaro <i>(tirzepatide)</i>	\$\$\$\$	2/ST	NC	NC	NC	NC	NC	3	NC

Sodium-glucose co-transporter 2 Inhibitors (SGLT-2 Inhibitors)

	Invokana (<i>canagliflozin</i>)	Farxiga (<i>dapagliflozin</i>)	Jardiance (<i>empagliflozin</i>)	Steglatro (<i>ertugliflozin</i>)
<i>Expected HbA1c reduction: 0.7%-1%</i>				
Cost/month	\$\$\$	\$\$\$	\$\$\$	\$\$
Health Plan Coverage				
BCBS-MA	NC	2/ST	2/ST	NC
HPHC	NC	2	2	NC
TUFTS	NC	2	2	NC
MA Heath Tufts ACO (BIDCO/Lahey)	Covered	Covered	Covered	PA
MAH BMC ACO (Lahey)	Covered	Covered	Covered	PA
BCBS-SR	NC	2	2	NC
United Healthcare SR	NC	3/QL	3/QL	NC
HPHC – BILH Employee Plan	NC	Covered	Covered	NC

Dipeptidyl peptidase-4 Inhibitors (DPP-4 Inhibitors)

	Tradjenta (<i>linagliptin</i>)	Januvia (<i>sitagliptin</i>)	Onglyza (<i>saxagliptin</i>)	Nesina (<i>alogliptin</i>)	
<i>Expected HbA1c reduction: 0.5%-1%</i>					
Cost/month	\$\$\$	\$\$\$	\$\$\$	\$\$	
Health Plan Coverage					
BCBS-MA	NC	2/ST	NC	NC (g)	NC (b)
HPHC	2	2	NC	NC (g)	NC (b)
TUFTS	2	2	NC	NC (g)	NC (b)
MA Heath Tufts ACO (BIDCO/Lahey)	Covered	Covered	Covered	NC	NC
MAH BMC ACO (Lahey)	Covered	Covered	Covered	NC	NC
BCBS-SR	2	2	NC	NC	NC
United Healthcare SR	3	3	NC	NC	NC
HPHC – BILH Employee Plan	Covered	NC	NC	NC	NC

GLP-1 RA Combination Products

Brand Name	Cost/ month	BCBS- MA	HPHC	TUFTS	MA Heath Tufts ACO (BIDCO/ Lahey)	MAH BMC ACO (Lahey)	BCBS- SR	United Healthcare SR	HPHC – BILH Employee Plan	Comments
Xultophy (liraglutide/ insulin degludec)	\$\$	NC	3/PA	3/PA	PA	PA	2	NC	Covered	- 100 units insulin degludec + 3.6 mg of liraglutide per mL -A1c reduction of additional 1% vs. insulin degludec alone
Soliqua (lixisenatide/ insulin glargine)	\$\$	NC	3/PA	3/PA	PA	PA	2	3/QL	Covered	- 100 units insulin glargine + 33 mcg of lixisenatide per mL -A1c reduction of additional 0.5% vs. insulin glargine alone

SGLT-2 Inhibitor Combination Products

Brand Name (generic)	Cost/month	BCBS-MA	HPHC	TUFTS	MA Heath Tufts ACO (BIDCO/Lahey)	MAH BMC ACO (Lahey)	BCBS-SR	United Healthcare SR	HPHC – BILH Employee Plan
Invokamet (<i>canagliflozin + metformin</i>)	\$\$\$	NC	NC	NC	Covered	Covered	NC	NC	NC
Synjardy (<i>empagliflozin + metformin</i>)	\$\$\$	2/ST	2	2	Covered	Covered	2	3/QL	Covered
Xigduo (<i>dapagliflozin + metformin</i>)	\$\$\$	2/ST	2	2	Covered	Covered	2	3/QL	Covered
Segluromet (<i>ertugliflozin + metformin</i>)	\$\$	NC	NC	NC	PA	PA	NC	NC	NC
Glyxambi (<i>linagliptin + empagliflozin</i>)	\$\$\$	2/ST	2	2	PA	PA	2	3/QL	Covered
Steglujan (<i>ertugliflozin + sitagliptin</i>)	\$\$\$	NC	NC	NC	PA	PA	NC	NC	NC
Qtern (<i>dapagliflozin + saxagliptin</i>)	\$\$\$	NC	NC	NC	PA	PA	NC	NC	NC

DPP-4 Inhibitor Combination Products

Drug Name	Cost/ month	BCBS-MA	HPHC	TUFTS	MA Heath Tufts ACO (BIDCO/Lahey)	MAH BMC ACO (Lahey)	BCBS-SR	United Healthcare SR	HPHC – BILH Employee Plan
Kazano (<i>alogliptin + metformin</i>) (generic available)	\$\$	NC	NC	NC	PA	PA	NC	NC	NC
Oseni (<i>alogliptin + pioglitazone</i>) (generic available)	\$\$	NC	NC	NC	PA	PA	NC	NC	NC
Jentadueto (<i>linagliptin + metformin</i>)	\$\$\$	NC	2	2	Covered	Covered	2	3	Covered
Kombiglyze (<i>saxagliptin + metformin</i>)	\$\$\$	NC	NC	NC	Covered	Covered	NC	NC	NC
Janumet (<i>sitagliptin + metformin</i>)	\$\$\$	2/ST	2	2	Covered	Covered	2	3	NC

\$: Less than \$100 per month | \$\$: \$100 - \$400 per month | \$\$\$: \$400 - \$1000 per month | \$\$\$\$ More than \$1000 per month

Insulin Products

Product	Onset	Peak	Duration	Stability at room temp	Health Plan Coverage							
					BCBS-MA	HPHC	Tufts	MA Heath Tufts ACO (BIDCO/Lahey)	MAH BMC ACO (Lahey)	BCBS-SR	United Healthcare SR	HPHC – BILH Employee Plan
Long Acting Insulin												
Lantus (insulin glargine)	~ 1 hr	none	10.8 to > 24 hr	28 days	2	2	2	Preferred	Preferred	2	3	NC
Basaglar (insulin glargine recombinant)#	~ 1 hr	none	24 hr	28 days	2	NC	NC	NC	NC	2	NC	Covered
Semglee (insulin glargine-ufgn)#	~ 1 hr	none	10.8 to > 24.0 hr	28 days	NC	NC	NC	PA	PA	NC	NC	NC

Product	Onset	Peak	Duration	Stability at room temp	Health Plan Coverage							
					BCBS -MA	HPHC	Tufts	MA Heath Tufts ACO (BIDCO/Lahey)	MAH BMC ACO (Lahey)	BCBS-SR	United Healthcare SR	HPHC – BILH Employee Plan
Insulin glargine -yfgn#	~ 1 hr	none	10.8 to > 24.0 hr	28 days	NC	NC	NC	NC	NC	NC	NC	NC
Toujeo, Toujeo Max (insulin glargine U-300)	> 6 hr	12-16 hr	> 24 hr	28 days	2	2	2	NC	Covered	2	3	Covered
Levemir (insulin detemir)	1-2 hr	6-8 hr	7.6 to >24hr	42 days	NC	NC	NC	NC	NC	2	3	Covered
Tresiba (insulin degludec) U-100 & U-200)	~ 1 hr	~ 9 hr	> 24 hr	56 days (do not re-refrigerate)	NC	NC	NC	NC	Covered	2	3	Covered
Rapid Acting Insulin												
Humalog (insulin lispro U-100 & U-200)	15-30 min	30-150 min	3-6.5 hr	28 days	2	2	2	200U pen covered, 100U pen/vial PA	Inpen covered	NC	3	NC
Novolog (insulin aspart) + ReliOn™ NovoLog[^]	10-20 min	40-50 min	3-5 hr	28 days	NC	NC	NC	NC	Inpen covered-PA	Covered	NC	Covered
Apidra (insulin glulisine)	25 min	~ 45 min	4-5.5 hr	28 days	NC	NC	NC	NC	NC	NC	NC	NC
Fiasp (insulin aspart)	16-20 min	90-130 min	5-7 hr	28 days	NC	NC	NC	NC	Inpen covered	2	NC	NC
Admelog (insulin lisproU-100) #	15-30 min	30-150 min	3-6.5 hr	28 days	NC	NC	NC	NC	NC	NC	NC	NC
Insulin Lispro #	15-30 min	30-90 min	3-6.5 hr	28 days	NC	2	2	Covered	Covered	NC	3	NC
Lyumjev (insulin lispro-aabc) #	15-17 min	120-170 min	4.6 to 7.3 hr	28 days	NC	2	2	NC	NC	NC	3	NC
Biphasic Premixed Insulin												
Humalog Mix 75/25 (75% lispro protamine, 25% lispro)	15-30 min	1-6.5 hr	Up to 24 hr	Vial: 28 days, Pen: 10 days	2	2	2	Vial covered, pen PA	Covered	NC	3	NC
Insulin Lispro Protamine & Insulin Lispro Injectable Suspension Mix 75/25#	15-30 min	1-6 hr	Up to 22 hr	Pen:10 days	NC	2	2	Covered	Covered	NC	3	NC
Humalog Mix 50/50 (50% lispro protamine, 50% lispro)	15-30 min	0.8-4.8 h.	≥22 hr	Vial: 28 days Pen: 10 days	2	2	2	Covered	Covered	NC	3	NC
Novolog Mix 70/30 (70% aspart protamine, 30% aspart)	10-20 min	1-4 hr	Up to 24 hr	Vial: 28 days, Pen: 14 days	NC	NC	NC	PA	NC	2	NC	Covered
Humulin 70/30 (70% NPH, 30% Regular)	~30 min	1.5-6.5 hr	18-24 hr	Vial: 31 days, Pen: 10 days	2	2	2	PA	Covered	NC	3	NC
Novolin 70/30 (ReliOn) [^] (70% NPH, 30% Regular)	30 min	2-12 hr	Up to 24 hr	Vial: 42 days	NC	NC	NC	Covered	Covered	2	NC	Covered

Product	Onset	Peak	Duration	Stability at room temp	Health Plan Coverage							
					BCBS -MA	HPHC	Tufts	MA Heath Tufts ACO (BIDCO/Lahey)	MAH BMC ACO (Lahey)	BCBS-SR	United Healthcare SR	HPHC – BILH Employee Plan
Intermediate Acting Insulin												
Humulin N (isophane human insulin)	1-2 hr	6.5 hr	4-12 hr	Vial: 31 days, Pen: 14 days	2	2	2	NC	Covered	NC	3	NC
Novolin N (ReliOn)[^] (isophane human insulin)	90 min	16-24+ hr	Up to 24 hr	Vial: 42 days	NC	NC	NC	NC	Covered	2	NC	Covered
Humulin R (U-100 & U-500)	~ 30 min	Dose dependent U-100: ~ 3 hr U-500: 4-8 hr	Dose dependent U-100: ~ 8 hr U-500: 13-24 hr	U-100 Vial: 31 days U-500 Vial: 40 days U-500 Pen: 28 days	2	2	2	Covered	Covered	2	3	NC
Novolin R (ReliOn)[^] (human regular insulin)	~ 30 min	1.5-3.5 hr	~ 8 hr	42 days	NC	NC	NC	NC	Covered	2	NC	Covered

[^]ReliON Novolog insulin is now available from Walmart by prescription only

#Designation: newer to market insulins that are classified as either a branded copy, unbranded biologics, or biosimilar.

- Currently, there is confusion surrounding interchangeability at the pharmacy with the recent launches of these insulin products. It is however important to note that in Massachusetts these formulations have poor health plan coverage but may provide cost saving options in select patient populations. Writing these prescriptions as generic will allow for substitution at the pharmacy without provider approval.

Ex: Writing a prescription for insulin glargine can be substituted for a Mass Health patient at the pharmacy for Lantus (preferred insulin glargine).

References

Copy Tier estimates are based on:

- **BCBS-MA:** Standard formulary, 3-tier plan. [See this link.](#)
- **HPHC:** 3 tier value plan (note: multiple plans with differences exist including 3& 4 Tier Premium Plans and 3-5 Tier Value Plans). [See this link](#)
- **Tufts:** MA large group 3 tier commercial plans (note: other plans exist, minor differences). [See this link.](#)
- **THPP:** Tufts Health Public Plan-2022 Together Health Plan Accountable Care Organization & Lahey Mass Health ACO Drug List. [See this link.](#)
- **BMC-** Boston Medical Center MassHealth MCO/ACO Prescription Drug Finder 2022. [See this link.](#)
- BCBS SR 3-tier plan. [See this link.](#)
- AARP SR Choice PPO. [See this link.](#)
- **Walmart: ReliON Insulin:** <https://www.walmart.com/cp/reliion-diabetic-care/3769564>

Lexicomp: [See this link](#), accessed December 21, 2020 | **UptoDate:** [See this link](#), accessed February 8, 2022 | **Pharmacist's Letter:** PL Detail-Document, Drugs for Type 2 Diabetes. Pharmacist's Letter/Prescriber's Letter. July 2019. Compare Cardiovascular Benefits of SGLT2 Inhibitors for Type 2 Diabetes, January 2019.

Manufacturer Copay Cards and Patient Assistance Programs

Glucagon-like peptide-1 receptor agonist (GLP-1 RA)

- Trulicity: <https://www.trulicity.com/savings-resources>
- Victoza: <https://www.novocare.com/diabetes-overview/let-us-help/pap.html>
- Ozempic: <https://www.novocare.com/ozempic/savings-card.html>
- Bydureon BCise: <https://www.bydureon.com/bydureon-bcise/savings-and-support.html>
- Byetta: <https://www.azandmeapp.com/prescriptionsavings/>
- Rybelsus: <https://www.novocare.com/rybelsus/savings-card.html>

GLP-1 RA and Insulin Combination Products

- Xultophy: <https://www.novocare.com/diabetes-overview/let-us-help/pap.html>
- Soliqua: <https://www.soliqua100-33.com/hcp/coverage-and-svings/patient-copay-card>

Sodium-glucose co-transporter 2 Inhibitors (SGLT-2 Inhibitors)

- Invokana: <https://www.janssencarepath.com/hcp/invokana/affordability>
- Farxiga: <https://www.farxiga.com/savings-support.html>
- Jardiance: <https://www.jardiance.com/type-2-diabetes/support-and-savings/savings/>
- Steglatro: <https://www.steglatro.com/savings-offers/>

SGLT-2 Inhibitor Combination Products

- Invokamet/XR: <https://www.janssencarepath.com/hcp/invokamet-xr/affordability>
- Synjardy/XR: <https://www.synjardyhcp.com/coverage-savings/savings>
- Xigduo: <https://www.azandmeapp.com/prescriptionsavings/>
- Segluromet: <https://www.activatethecard.com/8035/>

SGLT-2 Inhibitor/DPP-4 Inhibitor Combination Products

- Glyxambi: <https://www.glyxambi.com/savings/savings>
- Steglujan: <https://www.activatethecard.com/8035/>
- Qtern: <https://www.azandmeapp.com/prescriptionsavings/>

Dipeptidyl peptidase-4 Inhibitors (DPP-4 Inhibitors)

- Tradjenta: <https://www.hcp.tradjenta.com/savings-card>
- Januvia: <https://www.januvia.com/special-offers/>
- Onglyza: <https://www.onglyza.com/savings-support/onglyza-coupon.html>
- Nesina: <https://www.helpathandpap.com/Products.aspx>

DPP-4 Inhibitors Combination Products

- Kazano: none available, see GoodRx for possible savings
- Oseni: none available, see GoodRx for possible savings
- Jentadueto/XR: <https://www.hcp.jentadueto.com/savings-card>
- Kombiglyze XR: <https://www.kombiglyzexr.com/savings-support/kombiglyze-coupon.html>

- Janumet/XR: <https://www.activatethecard.com/8032/#>

Insulin Products

Long Acting Insulin

- Lantus: <https://www.lantus.com/hcp/copay-and-coverage>
- Basaglar: <https://www.basaglar.com/savings-resources>
- Levemir: <https://www.novocare.com/insulin/my99insulin.html?src=100001849>
- Toujeo/Max: <https://www.toujeopro.com/copay-savings-information>
- Tresiba: <https://www.novocare.com/tresiba/savings-card.html>

Rapid Acting Insulin

- Humalog: <https://www.insulinaffordability.com/>
- Novolog: <https://www.novocare.com/novolog/savings-card.html>
- Apidra: <https://www.apidra.com/savings>
- Fiasp: <https://www.novocare.com/fiasp/savings-card.html>
- Admelog: <https://www.admelogpro.com/savings?anchor=second>
- Insulin Lispro: <https://www.insulinaffordability.com/>
- Lyumjev: <https://www.lyumjev.com/savings>

Biphasic Premixed Insulin

- Humalog 75/25: <https://www.insulinaffordability.com/>
- Insulin Lispro Protamine/Insulin Lispro: <https://www.insulinaffordability.com/>
- Humalog 50/50: <https://www.insulinaffordability.com/>
- Novolog 70/30: <https://www.novocare.com/novologmix70-30/savings-card.html>
- Humulin 70/30: <https://www.insulinaffordability.com/>
- Novolin 70/30 (ReliON): none available, see Walmart for cash pricing

Intermediate Acting Insulin

- Humulin N: <https://www.insulinaffordability.com/>
- Novolin N (ReliON): none available, see Walmart for cash pricing

Short Acting Insulin

- Humulin R: <https://www.humulin.com/savings-support>
- Novolin R (ReliON): none available, see Walmart for cash pricing

Additional Savings Programs:

- Sanofi Insulins ValYou Savings Program – for patients with **no** insurance, cost-savings for Admelog, Toujeo, Lantus and Apidra: <https://www.teamingupfordiabetes.com/sanofidiabetes-savings-program>
- Lilly's Insulin Value Program – for patients with commercial **or** no insurance, \$35 copays for Lilly insulins: <https://www.insulinaffordability.com/>
- Good Rx: <https://www.goodrx.com>