

Hot Tip: Diabetes

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the CHPlus program only.

Your Highmark BCBSWNY 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 Highmark BCBSWNY provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Insulin ¹	<p>Short-acting Afrezza (insulin regular) Apidra (insulin glulisine) Fiasp (insulin aspart) Humalog (insulin lispro) Novolog (insulin aspart) Insulin Aspart (Novolog authorized generic)*</p> <p>Long acting Lantus (insulin glargine) Levemir (insulin detemir) Toujeo (insulin glargine) Tresiba (insulin degludec) Semglee⁵ (insulin glargine-yfgn)</p>	<p>Short-acting Admelog (insulin lispro) Insulin Lispro (Humalog authorized generic)</p> <p>Intermediate-acting Humulin R & Novolin R (insulin regular) Humulin N & Novolin N (insulin NPH)</p> <p>Long-acting Basaglar (insulin glargine) Semglee⁵ (insulin glargine) Insulin glargine-yfgn⁶</p> <p>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)</p>

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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Therapeutic class	Nonpreferred products	Preferred products
GLP-1s ² GLP-1/long-acting insulin combo ³	Adlyxin (lixisenatide) Bydureon BCise (exenatide) Byetta (exenatide) Tanzeum (albiglutide) Victoza (liraglutide) Soliqua (lixisenatide/insulin glargine) Xultophy (liraglutide/insulin degludec)	Ozempic (semaglutide) Trulicity (dulaglutide)
DPP4-s ² DPP4 Combo products ³	Alogliptin (generic Nesina) Nesina (alogliptin) Onglyza (saxagliptin) Tradjenta (linagliptin) Alogliptin/metformin ² (generic Kazano) Alogliptin/pioglitazone ² (generic Oseni) Jentaducto & Jentaducto XR (linagliptin/metformin) Kazano (alogliptin/metformin) Kombiglyze XR (saxagliptin/ metformin) Oseni ² (alogliptin/pioglitazone)	Januvia (sitagliptin) Janumet & Janumet XR (sitagliptin/ metformin)
SGLT2 ² SGLT2 Combo products ³	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)	Jardiance (empagliflozin) Synjardy & Synjardy XR (empagliflozin/ metformin)
TZDs ⁴	Actos (pioglitazone) Actoplus Met & Actoplus Met XR (pioglitazone/metformin) Avandia (rosiglitazone) Avandamet (rosiglitazone/ metformin) Duetact (pioglitazone/glimepiride)	Pioglitazone (generic Actos) Pioglitazone-Metformin (generic Actoplus Met) Pioglitazone-Glimepiride (generic Duetact)
Diabetic supplies	All other manufacturers for pen needles and insulin syringes are nonpreferred products and may require prior authorization.	BD pen needles and 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 rationale regarding clinical necessity of combination product.

Therapeutic class	Nonpreferred products	Preferred products
<p>⁴ TZDs have step therapy through metformin and one preferred drug within any of the following classes: DPP4s, GLP-1s, SGLT2s.</p> <p>⁵ Non-preferred Semglee NDCs: 49502-0250-80 and 49502-0251-75. Preferred Semglee NDCs: 49502-0196-71, 49502-0196-75 and 49502-0195-80.</p> <p>⁶ Preferred Insulin glargine-yfgn6 NDCs: 49502-0393-80 and 49502-0394-75.</p> <p>*As of February 2, 2022, Insulin Aspart (Novolog authorized generic) is a non-preferred product.</p>		

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at mybcbswny.com/stateplans > Provider > Eligibility & Pharmacy > Pharmacy Information.



Email is the quickest and most direct way to receive important information from Highmark Blue Cross Blue Shield of Western New York.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (bit.ly/NYwesternmp).

