

FORMULARY UPDATES 6/26/2024

All plans cover generic metformin, sulfonylureas, pioglitazone (not shown here). Other meds below: **Step therapy, **PA required*

	Healthy San Francisco	Medi-cal Rx (formerly SFHP medi-cal and Anthem BC medi-cal)	Healthy Worker	Medicare
GLP1 and GIP/GLP1 for DIABETES	Liraglutide (Victoza)* Exenatide ER (Bydureon)**	Exenatide IR (Byetta) or ER (Bydureon Bcise) Liraglutide (Victoza) Semaglutide (SQ Ozempic or oral Rybelsus) Dulaglutide (Trulicity) Tirzepatide (Mounjaro)	Liraglutide (Victoza)* Semaglutide (SQ Ozempic or oral Rybelsus)*	Varies
GLP1 and GIP/GLP1 for WEIGHT LOSS	Liraglutide (Saxenda) limited to Weight Mgmt Clinic providers	Liraglutide (Saxenda) semaglutide (Wegovy) tirzepatide (Zepbound)	Liraglutide (Saxenda)** semaglutide (Wegovy)** Tirzepatide (Zepbound)**	varies
SGLT-2 inhibitors	Empagliflozin (Jardiance)*, **	Empagliflozin (Jardiance) + combos Dapagliflozin (Farxiga) + combo Canagliflozin (Invokana)	Empagliflozin (Jardiance)* Canagliflozin (Invokana)*	Varies
DPP4 inhibitors	Sitagliptin (Januvia), if A1c < 8.5%	Alogliptin (Nesina) + combos Linagliptin (Tradjenta) + combo Saxagliptin (Onglyza) + combo Sitagliptin (Januvia) + combo	Alogliptin (Nesina) + combos	varies
Basal insulin	NPH vial Glargine (Lantus) vial or pen	Glargine (rDNA origin or YFGN) vial/pen Degludec (Tresiba) u-100 vial/pen Degludec (Tresiba) u-200 pen Detemir (Levemir) vial/pen	Glargines: (Rezvoglar pen, glargine-yfgn pen/vial, glargine vial/pen) Generic Degludec u-100 vial/pen, u-200 pen*	varies
Prandial insulin	Regular vial Aspart vial/pen	Regular vial/pen Aspart u-100 vial/pen/cartridge Aspart niacinimide u-100 vial/pen/cartridge Lispro u-100 vial/pen/cartridge	Lispro vial/pen Admelog vial/pen Insulin lispro junior pen (1/2 units)	varies
Premix insulin	Novolog 70/30 vial/pen	Aspart protamine/aspart 70/30 vial/pen Lispro protamine/lispro 75/25 vial/pen Lispro protamine/lispro 50/50 vial/pen	Aspart pro/aspart 70/30 vial/pen Lispro pro/lispro 75/25 vial/pen	varies
u-500 insulin	Vial**	Vial/pen	Vial/pen**	Varies
Glucagon	Glucagon injection kit	Dasiglucagon autoinjector/prefilled syringe Nasal spray Glucagon injection kit	Glucagon injection kit	varies

Diabetes Supplies and Devices

	Healthy San Francisco	Medi-cal Rx (formulary for SFHP medi-cal and Anthem BC medi-cal)	Healthy Worker	Medicare
Pen needles	Generic pen needles 4, 8 mm lengths	Specific brands only, various lengths and gauges: BD Ultra-fine, Pentips, Unifine, Techlite, Trueplus, Ulticare, Ultiguard 4, 5, 6, 8, 12 mm lengths, 31 or 32G	Generic pen needles 5, 8 mm lengths	Varies
Syringes	0.3, 0.5 and 1 mL	(0.3 mL?) 0.5 and 1 mL	0.3, 0.5 and 1 mL	Varies
Glucometer and associated test strips, lancets	Accu-chek Guide Guide test strips Softclix lancets	Accu-chek Guide Me + many other brands <ul style="list-style-type: none"> On insulin, limit up to 6x/d per 30 d Not on insulin, limit 100 per 90 d GDM +/- insulin, limit up to 6x/d per 30 d <i>If on CGM, limit #25/100 d glucometer supplies</i>	Accu-chek Guide Guide test strips Softclix lancets	Varies
Continuous glucose monitor*	<u>Pharmacy PA</u> (criteria generally follows medi-cal criteria, <i>in the past had to be on basal-bolus with compelling need for CGM</i>): Freestyle Libre 2 sensors, reader Freestyle Libre 3 sensors, reader	Criteria: (1) <i>any insulin use</i> , (2) problematic hypo even if not on insulin, (3) diabetes in pregnancy <u>Pharmacy PA</u> : <ul style="list-style-type: none"> Freestyle Libre 2 reader/sensor Freestyle Libre 3 sensor only (<i>reader not covered in 2024, must use phone app</i>) Dexcom G6 sensors, transmitter, receiver Dexcom G7 sensors, receiver <u>DME supplier PA</u> : <ul style="list-style-type: none"> Guardian 3 sensor for use with Medtronic pump 	<u>Pharmacy PA</u> : (<i>high bar—must show why > 5x/d glucose checks needed, usually basal-bolus, compelling need</i>) <ul style="list-style-type: none"> Freestyle Libre 2 sensors, reader Freestyle Libre 3 sensors, reader <u>DME PA</u> : <ul style="list-style-type: none"> Dexcom G6 sensors, transmitter, receiver Dexcom G7 sensors, receiver 	Must go through DME supplier with PA Criteria: similar to medi-cal
Insulin pump*	Not covered	<u>Pharmacy PA</u> : <ul style="list-style-type: none"> Omnipod 5 or Omnipod DASH V-Go 20/30/40 <u>DME supplier PA</u> : <ul style="list-style-type: none"> T-slim, Mobi, Medtronic, iLet 	All pumps including Omnipod 5 must go through DME supplier with PA	DME supplier with PA CeQur Simplicity patch via pharmacy PA
Urine ketostix	Note covered	Covered (#50 NDC 00193288050)	Covered (#100/100 d)	varies

Pharmacy PA: use correct form (HSF vs. medi-cal vs. Healthy Worker)

PA to DME supplier: send chart note including labs, order/CMN, demographics OR submit electronically through Parachute Health