

# Quick Reference Guide – Prescribing Diabetes Drugs

Use this guide and the Real-Time Prescription Benefit Tool to avoid re-prescribing for patients with high copays.

Set up the Real-Time Prescription Benefit Tool to get visibility into a member’s coverage details via the electronic health record (EHR) system. The tool can help you avoid rework and researching alternative drugs to re-prescribe after a member declines a prescription at the pharmacy due to its high copayment.

To get the tool, access [bit.ly/Rx-Benefit-Tool](https://bit.ly/Rx-Benefit-Tool) or scan this QR code:

Use the tool to proactively see:

- **Cost:** Member’s out of pocket cost
- **Drugs:** Up to three medication options within a therapeutic class
- **Pharmacies:** Up to three in-network pharmacy options



### Fast facts for 2025 plans

- Subject to evidence of coverage
- Tiers 3-5: Deductibles will apply
- No coverage gap (donut hole) in 2025
- Max \$35 monthly for insulin products
- D-SNPs: \$0 copays across all phases of coverage
- Max out of pocket is \$2,000

The following table describes formulary information by Medicare Advantage Prescription Drug (MAPD) plan.

### 2025 Formulary Information by MAPD Plan

	Wellcare Dual Liberty		Wellcare CalViva Health Dual Align Wellcare Dual Align	Wellcare Specialty Simple	Wellcare Premium Ultra County: Yolo Wellcare Simple Focus Counties: Los Angeles, Orange, Riverside, San Bernardino Wellcare Low Premium	Wellcare Premium Ultra Counties: Amador, Placer, Sacramento, San Francisco, Stanislaus Wellcare Simple Focus Counties: Imperial, San Diego, San Francisco Wellcare Simple Ruby
	HMO D-SNP			HMO C-SNP	HMO	
Formulary links and tier information	<a href="#">CY25_1T Basic Select MAPD</a>	<a href="#">CY25_1T Basic Select MAPD</a>		<a href="#">CY25_6T Enhanced Plus CSNP</a>	<a href="#">CY25_6T Enhanced Plus MAPD</a>	<a href="#">CY25_6T Enhanced Plus Select MAPD</a>

(continued)

Refer to the following tables for formulary information, preferred products and preferred medications. Formularies are subject to change. Please visit our website at [wellcare.healthnetcalifornia.com](http://wellcare.healthnetcalifornia.com) for the most current formularies.

The following table describes preferred insulin products.

## 2025 Preferred Insulin Products

	HMO		
	D-SNP	C-SNP	HMO
<b>Insulin: Fast Acting</b> Insulin aspart U-100	Tier 1	Tier 6	Tier 3
<b>Insulin: Short Acting</b> Novolin R® U-100 (FlexPen® and vial)	Tier 1	Tier 6	Tier 3
<b>Insulin: Intermediate</b> Humulin® R U-500, Novolin N (FlexPen and NPH)	Tier 1	Tier 3: Humulin R U-500 Tier 6: Novolin N	Tier 3
<b>Insulin: Long Acting</b> Insulin degludec U-100 & U-200, Insulin glargine U-300, Insulin glargine-YFGN	Tier 1	Tier 6	Tier 3
<b>Insulin: Combination</b> Novolin 70/30, Insulin aspart protamine and Insulin aspart	Tier 1	Tier 6	Tier 3
<b>Insulin: Combination</b> Soliqua® 100/33, Xultophy®	Tier 1	Tier 6	Tier 3

The following table describes preferred anti-diabetic non-insulin medications.

## 2025 Preferred Anti-Diabetic (Non-insulin medications)

	HMO		
	D-SNP	C-SNP	HMO
<b>Orals</b> acarbose, glimepiride, glipizide, glipizide ER, glipizide-metformin, metformin, metformin XR, nateglinide, pioglitazone, pioglitazone-glimepiride, pioglitazone-metformin, repaglinide	Tier 1	Tier 1	Tier 6
<b>DPP-4 inhibitor</b> Januvia®, Saxagliptin®, Tradjenta®	Tier 1	Tier 6 Saxagliptin not preferred	Tier 3 Saxagliptin select MAPD only
<b>Combo's</b> Glyxambi®, Janumet®, Janumet XR, Jentadueto®, Jentadueto XR, Truardy® XR	Tier 1	Tier 6 <b>EXCEPT</b> Tier 3: Truardy XR, Glyxambi	Tier 3

(continued)

## 2025 Preferred Anti-Diabetic (Non-insulin medications) (cont.)

	HMO		
	D-SNP	C-SNP	HMO
<b>SGTL2</b> Farxiga®, Jardiance®, Invokana®	Tier 1 Invokana not preferred	Tier 3 <b>EXCEPT</b> Tier 4: Invokana	Tier 3 <b>EXCEPT</b> Tier 4: Invokana
<b>Combo's</b> Glyxambi, Invokamet®, Invokamet XR, Synjardy®, Synjardy XR, Trujardy, Xigduo® XR	Tier 1 Invokamet, Invokamet XR not preferred	Tier 3 <b>EXCEPT</b> Tier 4: Invokamet, Invokamet XR	Tier 3 <b>EXCEPT</b> Tier 4: Invokamet, Invokamet XR
<b>GLP-1</b> Bydureon®, Mounjaro®, Ozempic®, Rybelsus®, Trulicity®	Tier 1	Tier 3	Tier 3

The following table describes preferred blood glucose meters and strips.

## 2025 Preferred Blood Glucose Meters and Strips

Type	Quantity limit
<b>Blood glucose meters</b> OneTouch® Ultra® 2 Meter, OneTouch Verio Flex® Meter, OneTouch Verio Reflect® Meter	1 kit per 365 days (1 per calendar year)
<b>Test strips</b> OneTouch Ultra®, OneTouch Verio	100 strips per 25 days (4 per day)
<b>Continuous glucose monitoring (CGM)<sup>1</sup></b> Dexcom G6®, Dexcom G7®, FreeStyle Libre® 2, FreeStyle Libre 3, FreeStyle Libre 14 Day	

### Continuous Glucose Monitoring (CGM) Systems:

- FreeStyle Libre or Dexcom are preferred - prior authorization required
- Prior authorization criteria (ALL 1-4):
  1. Diabetes mellitus diagnosis
  2. Insulin-treated, OR has problematic hypoglycemia documented by ONE (a. OR b.) of the following:
    - a. More than one level-2 hypoglycemic event (blood glucose < 54 mg/dL) that persists despite more than one attempt to adjust medications and/or modify diabetes treatment plan

OR

    - b. One level-3 hypoglycemic event (blood glucose < 54 mg/dL) characterized by altered mental and/or physical state requiring third-party assistance for treatment
  3. Seen by provider in the last six months
  4. Will have follow-up appointments every six months to document adherence to both the CGM regimen and diabetes treatment plan. For more information about Pharmacy coverage and forms, go to [provider.healthnet.com](http://provider.healthnet.com) > Resources for You > *Pharmacy*.

<sup>1</sup>Continuous glucose monitoring systems require prior authorization.

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