



# PROVIDER *bulletin*

September 11, 2020

Dear Provider:

Diabetic medication reminders.

**Admelog** is the preferred manufacturer. As Admelog, Lyumjev, Humalog, and its authorized generic are the same product clinically, the most cost-effective manufacturer will be formulary. The branded drugs are not allowed to substitute without an approval from the provider in accordance to FDA rules. It would be helpful for prescriptions to be written for insulin lispro and then pharmacies may select any manufacturer.

Novolog has an authorized generic available. Due to the nature of how insulin is viewed by the FDA, it does not automatically substitute in the traditional sense of brand/generic substitutability, though clinically the generic and the brand are the same. As we are a managed care plan, the **generic insulin aspart** is the formulation that is allowed.

**Semglee** is the preferred glargine manufacturer. Again, the same substitutability rules come into play. Writing for insulin glargine will allow pharmacies that ability to select the covered version.

**Adlyxin:** Allowed after 90 days of SGLT-2 therapy. Lowest cost GLP-1 and is a component of Soliqua. If requiring a prescription for a GLP-1 without underlying atherosclerotic coronary disease, please consider Adlyxin. If it is present, consider Trulicity.

**Soliqua:** Step Therapy. Requires prior use of Basaglar or GLP-1. Preferred if one is requiring to be on basal insulin and GLP-1 therapy.

**SGLT-2:** Steglatro is to be used unless positive documentation of atherosclerotic disease (labs, history of MI, medication therapy conducive with CVD) is provided. In which case, the medical necessity for Jardiance or Farxiga would have been met.

**DPP-4:** Alogliptin is to be used unless positive documentation of CHF (labs, diagnostics: ejection fraction, etc.; medication therapy conducive with CHF: ie. diuretics, selective beta-blockers, ACE/ARB; etc.) is provided. In which case, the medical necessity for Tradjenta would have been met.

**Syringes/pen needles:** Pen needles allowed if history of insulin pens is found, syringes if history of vials. Maximum allowed 200 per 40 days. True Plus is the preferred brand.

**Authorization submission:** Please submit TARs via the Provider portal. <https://provider.kernfamilyhealthcare.com>  
Contact your company's system administrator for user access. If you are unsure who your system administrator is, please contact your Kern Health Systems Provider Relations Representative.

Sincerely,

Bruce Wearda, R.Ph.  
Director of Pharmacy