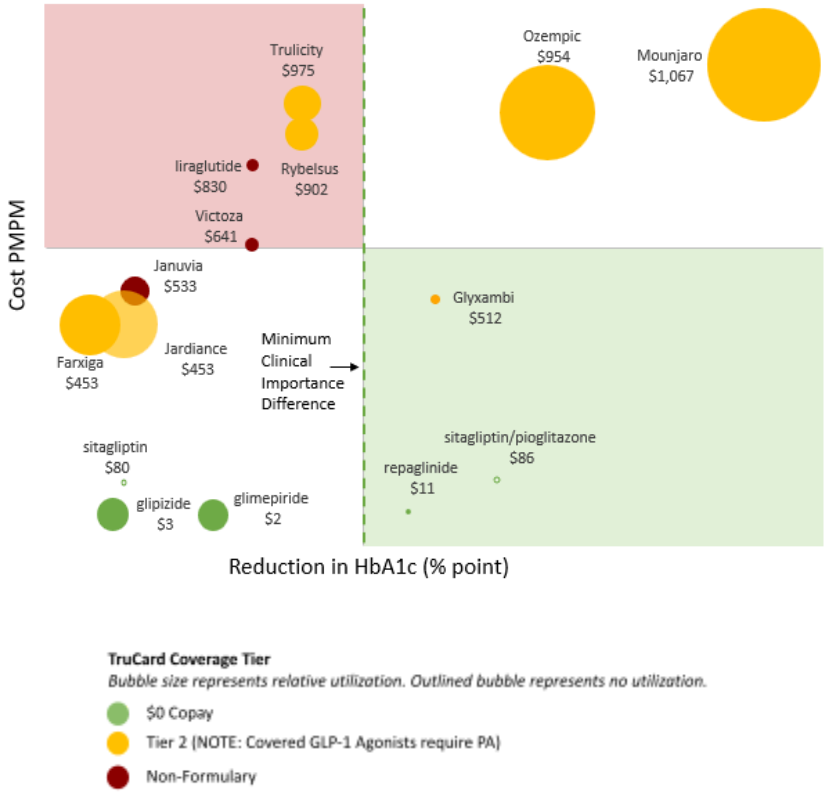
Type 2 Diabetes

The Comparative Effectiveness Research (CER-guided approach for Type 2 Diabetes coverage aims to balance clinical effectiveness with cost stewardship. The formulary is designed to promote highly effective oral combination therapies while reserving GLP-1 agonists for individuals who cannot be controlled on oral therapies or for those with specific clinical needs (e.g. cardiovascular disease) where their benefit is greatest.

Comparative Effectiveness: Key Findings



A review of 8 meta-analyses and 21 clinical trials, encompassing over 750,000 patients, yielded three crucial findings:

- A combination of oral therapies is equally effective to Ozempic for lowering A1C.
- Within the GLP-1 agonist class, Mounjaro offers the greatest A1C lowering potential
- SGLT-2 inhibitors, while as monotherapy are not the most effective in terms of lowering A1C, when combined with another oral option are equally effective to Ozempic and provide additional benefits to patients with specific comorbidities (e.g., established CVD, CHF, or CKD)

2026 Formulary Coverage & Member Cost

The majority of medications used for Type 2 Diabetes (including DPP-4 Inhibitors, Sulfonylureas, Biguanides, Meglitinides, Thiazolidinediones, and covered insulins) will be covered at $0 copay for members.

Drug Class	Drug Name	Coverage Tier & Member Copay	Key Status
DPP-4 Inhibitors	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, sitagliptin, sitagliptin/metformin	$0 copay (post-deductible)	High Value Therapy
Sulfonylureas	glimepiride, glipizide (IR and ER formulations), glipizide/metformin, glyburide, glyburide/metformin	$0 copay (post-deductible)	High-Value Therapy
Biguanide	metformin (IR and ER formulations)	$0 copay (post-deductible)	High-Value Therapy
Meglitinides	nateglinide, repaglinide	$0 copay (post-deductible)	High-Value Therapy
Basal Insulin*	insulin glargine-yfgn (generic Semglee) 100 units/ml vials insulin glargine-yfgn (generic Semglee) 100 units/ml pens Tresiba 100 units/ml vials, Tresiba 100 units/ml pens Tresiba 200 units/ml pens	$0 copay (post-deductible)	Covered Basal Insulins
Prandial Insulin	insulin lispro 100 units/ml pen, insulin lispro 100 units/ml vial, Novolog 100 units/ml pen, Novolog 100 units/ml vial, Humalog 100 units/ml pen, Humalog 100 units/ml vial	$0 copay (post-deductible)	Covered Prandial Insulins
SGLT-2 Inhibitors	Jardiance, Synjardy XR, Trijardy	Tier 2: $360/Year	Preferred SGLT-2 Inhibitor products
GLP-1 Agonist	Mounjaro	Tier 2: PA Required $360/Year	Preferred GLP-1
	Ozempic, Trulicity, Rybelsus	Tier 2: PA Required $360/Year	For Mounjaro failures/contraindications

*Note: insulin degludec (generic Tresiba), insulin aspart and insulin aspart (generic Novolog) products are being removed from the market effective 12/31/2025, therefore Tresba and Novolog will be the preferred product on the plan.

Prescribing Strategy & Transition Plan

Initial Management (New Starts): For patients newly diagnosed with Type 2 Diabetes without a compelling indication (e.g., established cardiovascular disease), initiate therapy with a combination of oral therapies, where clinically warranted.

Managing Established Patients (Transition Plan): Patients established on a GLP-1 agonist will have a six-month grace period. During this time, providers are asked to transition patients to a combination of oral therapies. For patients who meet the criteria listed below, a request can be submitted for clinical review to consider continuation of care

Prior Authorization (PA) Criteria at a Glance

Mounjaro: Requires a diagnosis of T2D with A1c ≥ 7% AND one of the following:

- Failure of concurrent therapy with at least two different oral agents from the following list: metformin, a sulfonylurea, pioglitazone, a DPP-4 inhibitor, or an SGLT-2 inhibitor or contraindication/intolerance to at least four of the five drug classes listed; OR
- Failure of adequately dosed daily basal insulin; OR
- Presence of a compelling indication (e.g. CVD)

Non-Formulary Options: (Ozempic, Trulicity, Rybelsus, etc.): Requires members to meet the criteria listed above AND an inadequate response, allergy, intolerance, or contraindication to Mounjaro.

NOTE: Documentation (e.g., progress notes, laboratory results, etc.) must be submitted with every prior authorization request to clinically support that the member meets all specified criteria. The coverage criteria provided here are subject to periodic review and revision as new clinical evidence becomes available.