



# DISB

## 2024 RX GUIDE

# DIABETES

If you or a family member covered under your health plan has a diagnosis of diabetes, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide developed by the District of Columbia Department of Insurance, Securities and Banking provides an overview of several commonly prescribed drugs used to treat diabetes. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug cost-sharing.

Reference the chart on the next page alongside the Summary of Benefits and Coverage (SBC) for your potential plan to get an idea of your out-of-pocket prescription cost. Once you have identified the cost-sharing tier for each drug, use the corresponding SBC for each plan on DC Health Link to find the actual out-of-pocket cost-sharing of the drug.

As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.

# 2024 Diabetes Rx Review Guide

District of Columbia Insurance Companies									
		Aetna		CareFirst		Kaiser		United Healthcare	
		Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance
Name (Generic)	Name (Brand)	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand
Metformin	Glucophage	NR/NC	\$0-\$25/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-45/ \$25-100*	NR/NC	\$0-25/NC
	Glumetza	NA/NC	NA/NC	NA/NC	NA/NC	PA/PA	\$25-110/ \$25-110*	NC/NC	NC/NC
	Glyset	NR/NC	\$0-\$25/NC	NR/NA	\$0-\$25/NC	NR/NR	\$25-110/ \$25-110*	NC/NC	NC/NC
	Riomet	NA/NC	NC/NC	NA/NC	NA/NC	NR/NR	\$25-110 / \$25-110*	NA/NR	NA/ \$0-100 <sup>2</sup>
	Fortamet	NC/NC	NC/NC	NA/NC	NA/NC	PA/PA	\$25-110/ \$25-110*	NC/NC	NC/NC
Glipizide	Glucotrol	NR/NC	\$0-\$25/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-110/ \$25-110*	NR/NR	\$0-25/0-150 <sup>2</sup>
Glimepiride	Amaryl	NR/NC	\$0-\$25/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-45/ \$25-110*	NR/NR	\$0-25/0-125 <sup>2</sup>
Acarbose	Precose	NR/NC	\$0-\$25/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-45/ \$25-110*	NR/NR	\$0-25/0-150 <sup>2</sup>
Sitagliptin	Januvia	NA/ST	NA/\$50-\$75	NA/PA-ST	NA/\$0-\$75	NA/NR	NA / \$25-110*	NC/NC	NC/NC
Nateglinide	Starlix	NR/NC	\$0-\$25/NC	NR/NC	\$0-\$25/NC	NR/NR	\$25-110/ \$25-110*	NR/NR	\$0-75/0-150 <sup>2</sup>
Repaglinide	Prandin	NR/NC	\$0-\$95/NC	NR/NC	\$0-\$25/NC	NR/NR	\$25-110/ \$25-110*	NR/NR	\$0-75/0-125 <sup>2</sup>
Pioglitazone	Actos	NR/NC	\$0-\$25/NC	NR/NC	\$0-\$25/NC	NR/NR	\$5-45/ \$25-110*	NR/NC	\$0-15/NC
Alogliptin	Nesina	ST/NC	\$0-\$95/NC	NR/NC	\$0-\$25/NC	PA/PA	\$25-110 / \$25-110*	NA/NR	NA/\$0-75
Canagliflozin	Invokana	NA/NC	NA/NC	NA/NC	NA/NC	NA/PA	NA / \$25-110*	NC/NC	NC/NC
Dapagliflozin	Farxiga	NA/ST	NA/\$50-\$75	NA/PA-ST	NA/\$0-\$75	NA/PA	NR / \$25-110*	NC/NC	NC/NC
Dulaglutide	Trulicity	NA/ST	NA/\$50-\$75	NA/PA-ST	NA/\$0-\$75	NA/PA	NA / \$25-110*	NA/ST	NA/\$0-50
Empagliflozin	Jardiance	NA/ST	NA/\$70-\$100	NA/PA-ST	NA/\$0-\$75	NA/NR	NA / \$15-110*	NA/ST	NA/\$0-75
Exenatide	Bydureon	NA/NC	NA/NC	NA/NC	NA/NC	NA/PA	NA / \$25-110*	NA/PA-ST	NA/\$0-50
Linaliptin	Tradjenta	NA/NC	NA/NC	NA/PA-ST	NA/\$0-\$75	NA/PA	NA / \$25-110*	NA/NR	NA/\$0-75
Liraglutide	Victoza	NA/ST	NA/\$70-\$100	NA/PA-ST	NA/\$0-\$75	NA/PA	NA / \$25-110*	NA/PA-ST <sup>1</sup>	NA/\$0-\$100 <sup>3</sup>
Miglitol	Glyset	NR/NC	\$0-\$25/NC	NA/NC	NA/NC	NR/NR	\$25-110/ \$25-110*	NR/NR	\$0-50/0-150
Saxagliptin	Onglyza	NA/NC	NA/NC	NA/NC	NA/NC	NA/PA	NA / \$25-110*	NA/NR	NA/\$0-75
Rosiglitazone	Avandia	NA/NC	NA/NC	NA/NC	NA/NC	NA/NR	NA / \$25-110*	NC/NC	NC/NC

District of Columbia Insurance Companies									
Covered Insulin* and Other Injectable Diabetes		Aetna		CareFirst		Kaiser		United Healthcare	
Name (Brand)	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	
Apidra	NC		NC		PA/ \$0		NC		
Humalog	NC		NC		PA/ \$0		NR/ \$0-\$30		
Humalog Mix	NC		NC		PA/ \$0		NR/ \$0-\$30		
NovoLog	NR / \$0-\$30		NR / \$0		PA/ \$0		NC		
Humulin R (all strengths except U-500)	NR / \$0-\$30		NR / \$0-\$30		NR/ \$0		NR/ \$0-\$30		
Novolin	NR / \$0-\$30		NR / \$0		PA/ \$0		NC		
Levemir	NR / \$0-\$30		NR / \$0		PA/ \$0		NC		
Lantus	NC		NR / \$0		Medical Necessity \$0		NR/ \$0-\$30		
Basaglar	NA / \$0-\$30		NR / \$0		Medical Necessity \$0		NC		
Byetta (exenatide)	NA / NC		NC		NR/ \$25-\$110; 0-50%		PA-ST/ \$0-\$100		
Symlin (pramlintide)	ST / \$70-\$100		PA-ST / \$0-\$100		NR/ \$25-\$110; 0-50%		NC		

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up-to-date information.

KEY	
NC	Not Covered
NA	Not Applicable
NR	No Restrictions
ST	Step Therapy
PA	Pre-Authorization
NR	No Restrictions

\* The cost share for this drug could be a copayment or coinsurance depending on the plan. Generic co-insurance ranges between 0%-20%. Brand name co-insurance ranges between 0%-50%.

<sup>1</sup> The cost share for this drug could be a copayment or coinsurance depending on the plan. Generic co-insurance ranges between 0%-20%.

<sup>2</sup> The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges from 30% - 50%.

<sup>3</sup> Victoza 2 copayment between \$0-100 and Victoza 3 copayment between \$0-\$100.

\*Total amount for a 30-day supply of covered prescription insulin drugs at an amount not to exceed \$30, regardless of the quantity or type of covered insulin drug used.

Note: There is a \$100 cap on diabetic devices and ketoacidosis devices for more information please go to <https://code.dccouncil.us/dc/council/code/sections/48-855.02a.html#>