

DISB

2027 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 DC 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.

To view Rx Guides for other conditions visit us at **DISB.dc.gov/rxguides**.

DC Department of Insurance, Securities and Banking
1050 First Street NE, Suite 801, Washington, DC 20002
202.727.8000 | DISB.dc.gov | disb.communications@dc.gov
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MURIEL BOWSER, MAYOR

2027 Diabetes Rx Review Guide

Covered Diabetes Drugs		District of Columbia Insurance Companies					
		CareFirst		Kaiser		United Healthcare	
Drug Name		Restrictions	Copay/Coinsurance[1]	Restrictions	Copay/Coinsurance[4]	Restrictions	Copay/Coinsurance
Generic	Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand
Metformin	Glucophage	NR/NC	$0-$25/NC	NR/NA	$5-$40[5] ; 0%-20%/NC	NR/NC	$0-$25/NC
	Glumetza	NC		PA/PA	$25-$100/$25-$150; 0%-50%[3]	Not Covered	
	Glyset	NR/NC	$0-$25/NC	NR/NR	$25-$100; 0%-50%[2]	Not Covered	
	Riomet	NC		NR/NR	$25-$100; 0%-50%[2]	NR/NC	$0-$100/NC
	Fortamet	NC		PA/PA	$25-$100; 0%-50%[3]	NR/NC	$0-$25/NC
Glipizide	Glucotrol	NR	$0-$25/NC	NR/NR	$5-$100[5] /$25-$100; 0%-50%	NR/NR	$0-$25/$0-$150
Glimepiride	Amaryl	NR	$0-$25/NC	NR/NR	$5-$40/$25-$100; 0%-50%[2]	NR/NC	$0-$25/NC
Acarbose	Precose	NR	$0-$25/NC	NR/NR	$5-$40/$25-$100; 0%-50%[2]	NR/NC	$0-$25/NC
Sitagliptin	Januvia	NC		NA/PA	NC/$25-$100; 0%-50%[2]	Not Covered	
Nateglinide	Starlix	NR	$0-$25/NC	NR/NR	$25-$100; 0%-50%[2]	NR/NC	$0-$75/NC
Repaglinide	Prandin	NR	$0-$25/NC	NR/NR	$25-$100; 0%-50%	NR/NC	$0-$75/NC
Pioglitazone	Actos	NR	$0-$25/NC	NR/NR	$5-$40[5] /$25-$100; 0%-50%[2]	NR/NC	$0-$25/NC
Alogliptin	Nesina	NR	$0-$25/NC	NR/NR	$25-$100; 0%-50%[2]	NR/NC	$0-$75/NC
Canagliflozin	Invokana	Not Covered		NA/PA	NA/$25-$100; 0%-50%[2]	Not Covered	
Dapagliflozin	Farxiga	Not Covered		NR/PA	$25-$100; 0%-50%[2]	Not Covered	
Dulaglutide	Trulicity	Not Covered		NA/PA	NA/$25-$100; 0%-50%	NA/PA	NA/$0-$100
Empagliflozin	Jardiance	Not Covered		NA/NR	NA/$15-$75; 0%-20%	NA/NR	NA/$0-$75
Exenatide	Bydureon	Not Covered		NA/PA	NA/$25-$100; 0%-50%[2]	Not Covered	
Linaliptin	Tradjenta	Not Covered		NR/PA	NA/$25-$100; 0%-50%[2]	NA/NR	NA/$0-$75
Miglitol	Glyset	NR	$0-$25/NC	NR/NR	$25-$100; 0%-50%[2]	NR/NC	$0-$75/NC
Semaglutide	Rybelsus	NR	20	NA/PA	NA/$25-$100; 0%-50%	NA/PA	NA/$0-$100
Saxagliptin	Onglyza	Not Covered		NR/PA	$25-$100; 0%-50%[3]	NR/NC	$0-$75/NC
Rosiglitazone	Avandia	Not Covered		NA/NR	NA/$25-$100; 0%-50%	Not Covered	

Covered Insulin^ and Other Injectable Diabetes		District of Columbia Insurance Companies					
		CareFirst		Kaiser		United Healthcare	
Drug Name		Restrictions	Copay/Coinsurance	Restrictions	Copay/Coinsurance	Restrictions	Copay/Coinsurance
		Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand
Apidra		Not Covered		NA/PA	$0	Not Covered	
Humalog		Not Covered		PA/PA	$0	NR/NC	$0-$75/NC
Humalog Mix		Not Covered		PA/PA	$0	NA/NR	NA/$0-$75
NovoLog		NR	$15-75 after ded	NR/NR	$0[2]	Not Covered	
Humulin R (all strengths except U-500)		Not covered		NA/NR	$0	NA/NR	NA/$0-$25
Novolin		NR	$15-75 after ded	NA/NR	$0	Not Covered	
Levemir		Not covered		NA/NR	$0[2]	Not Covered	
Lantus		Not covered		NR/NR	$0[3]	NA/NR	NA/$0-$75
Basaglar		Not covered		PA/PA	$0[3]	Not Covered	
Byetta (exenatide)		Not covered		NA/NR	NA/$25-$100; 0-50%[2]	PA/NC	$0-$100/NC
Symlin (pramlintide)		Not covered		NA/NR	NA/$25-$100; 0-50%[2]	Not Covered	
Ozempic		PA	$15-$75	NA/PA	NA/$25-$100; 0-50%[2]	NA/PA	NA/$0-$100
Wegovy		Not Covered		NA/PA	NA/$25-$100; 0-50%[2]	Not Covered	
Saxenda		Not Covered		PA/PA	$25-$100; 0-50%[2]	Not Covered	
Victoza		Not Covered		PA/PA	$25-$100; 0-50%[2]	PA/NC	$0-$75/NC
Liraglutide (Generic)		NR	$0-$25	PA/PA	$15-$75;0%-20%/ $25-$100; 0%-50%[2]	PA/NC	$0-$75/NC

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

1. The cost share for this drug could be a copayment or coinsurance depending on the plan. The co-insurance is 20% if applicable. The deductible may apply.
2. The Brand version of this drug requires Medical Necessity
3. Requires Medical Necessity
4. The cost share for this drug could be a copayment or coinsurance depending on the plan.
5. DCHBX Standard plan $0 for Generic drug.

KEY	
Abbreviation	**Meaning**
NC	Not Covered
NA	Not Applicable
NR	No Restrictions
ST	Step Therapy
PA	Pre-Authorization
Ded	Deductible