Quick Reference Drug List:
Injectable Antidiabetic Agents

Peach State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. Generic products are preferred.

Prior Authorizations should be sent to **Pharmacy Services**:
Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Rapid-Acting Insulin				
Admelog®	Insulin Lispro	Inj Sol:3mL and 10mL vials (U-100)	Yes	QL: 40mL per 30 days retail
Admelog Solostar®	Insulin Lispro	Inj Sol: 3mL pen (U-100)	Yes	QL: 1mL daily
Afrezza®	Inhaled Insulin	Single Inhalation Cartridge: 4 units, 8 units, and 12 units	No	PA Required
Apidra®	Insulin Glulisine	Inj Sol: 10mL vials (U-100)	No	PA Required
Apidra SoloStar®	Insulin Glulisine	Inj Sol: 5x3mL pen (U-100)	No	PA Required
Fiasp®	Insulin Aspart	Inj Sol: 10mL vial (U-100)	No	PA Required
Flasp FlexTouch®	Insulin Aspart	Inj Sol: 3mL pen (U-100)	No	PA Required
HumaLOG®	Insulin Lispro	Inj Sol: 3mL and 10mL vials (U-100)	No	PA Required
HumaLOG KwikPen®	Insulin Lispro	Inj Sol: 5x3mL pen (U-100), 2x3ml pen (U-200)	No	PA Required
Humalog Junior KwikPen®	Insulin Lispro	Inj Sol: 5x3mL pen (U-100)	No	PA Required
Humalog Temp Pen®	Insulin Lispro	Inj Sol: 5x3mL pen (U-100)	No	PA Required
Insulin Lispro	Insulin Lispro	Inj Sol: 10mL vials (U-100)	Yes	PA Required: QL: 40mL per 30 days retail
Insulin Lispro KwikPen	Insulin Lispro KwikPen	Inj Sol: 5x3mL pen (U-100)	Yes	PA Required
Insulin Lispro Junior KwikPen	Insulin Lispro Junior KwikPen	Inj Sol: 5x3mL pen (U-100)	Yes	PA Required
Lyumjev®	Insulin Lispro-aabc	Inj Sol: 10mL vials (U-100)	No	PA Required
Lyumjev KwikPen®	Insulin Lispro-aabc	Inj Sol: 5x3mL pen (U-100), 2x3ml pen (U-200)	No	PA Required
NovoLOG®	Insulin Aspart	Inj Sol: 10mL vials (U-100)	No	PA Required
NovoLOG PenFill®	Insulin Aspart	Inj Sol; 5x3mLcartridges (U-100)	No	PA Required
NovoLOG FlexPen®	Insulin Aspart	Inj Sol: 5x3mL pen (U-100)	No	PA Required

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peach state health plan

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Short-Acting Insulin				
HumuLIN R®	Insulin Regular	Inj Sol: 3mL and 10mL vials (U-100), 20ml vial (U-500)	Yes (U-100 only)	OTC; QL: 40mL per 30 days PA Required U-500
HumuLIN R KwikPen®	Insulin Regular	Inj Sol: 3mL pen (U-500)	No	PA Required
NovoLIN R® NovoLIN R ReliOn®	Insulin Regular	Inj Sol: 10mL vials (U-100)	Yes	OTC; QL: 40mL per 30 days retail
Intermediate-Acting Insulin				
HumuLIN N®	Insulin Isophane	Inj Susp: 10mL vials (U-100),	Yes	OTC; QL: 40mL per 30 days retail
HumuLIN N KwikPen®	Insulin Isophane	Inj Susp: 5x3mL pen	Yes	OTC; QL: 1mL daily
NovoLIN N® NovoLIN N® ReliOn®	Insulin Isophane	Inj Susp: 10mL vials (U-100)	Yes	OTC; QL: 40mL per 30 days retail
NovoLin N FlexPen® Novolin N Relion FlexPen®	Insulin Isophane	Inj Susp: 10ml vials (U-100), 3ml pen	Yes	OTC; QL: 1mL daily
Long-Acting Insulin				
Insulin Glargine	Insulin Glargine	Inj Sol: 10mL vials (U-100), 5x3ml pen	Yes	QL: 1mL daily (Viatris Brand only)
Lantus®	Insulin Glargine	Inj Sol: 10mL vials (U-100)	No	PA Required
Lantus Solostar®	Insulin Glargine	Inj Sol: 5x3mL pen	No	PA Required
Basaglar Kwikpen®	Insulin Glargine	Inj Sol: 5x3mL pen	Yes	QL: 1mL daily
Levemir®	Insulin Detemir	Inj Sol; 10mL vials (U-100)	No	PA Required
Levemir FlexTouch®	Insulin Detemir	Inj Sol: 5x3mL pen	No	PA Required
Rezvoglar Kwikpen®	Insulin Glargine	Inj Sol: 5x3mL pen	No	PA Required
Semglee®	Insulin Glargine	Inj Sol; 10mL vials (U-100)	No	PA Required
Semglee Pen®	Insulin Glargine	Inj Sol: 5x3mL pen	No	PA Required
Toujeo Max Solostar®	Insulin Glargine	Inj Sol: 2x3mL pen (U-300)	No	PA Required
Toujeo Solostar®	Insulin Glargine	Inj Sol; 3x1.5mL (U-300)	No	PA Required
Ultra-Long-acting				
Tresiba FlexTouch®	Insulin Degludec	Inj Sol: 100 units/mL, 200 units/ml Pen	No	PA Required
Pre-Mixed Insulin				
HumaLOG Mix ®	Insulin Lispro/Insulin Lispro Protamine	Inj Susp: 50/50, 75/25 (10mL vials)	No	PA Required
HumaLOG Mix KwikPen®	Insulin Lispro/Insulin Lispro Protamine	Inj Susp: 50/50, 75/25 (5x3mL pens)	No	PA Required

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
HumuLIN 70/30®	Insulin Isophane and Regular	Inj Susp: 10mL vial	Yes	OTC; QL: 40mL per 30 days
HumuLIN 70/30 KwikPen®	Insulin Isophane and Regular	Inj Susp: 5x3mL pen	Yes	OTC; QL: 1mL daily
Insulin Lispro Protamine/Insulin Lispro Mix 75/25	Insulin Lispro Protamine/Insulin Lispro Mix 75/25	Inj Susp: 75/25 (5x3mL pens)	Yes	QL: 1mL daily
Insulin Aspart Protamine/Insulin Aspart Mix 70/30	Insulin Aspart Protamine/Insulin Aspart Mix 70/30	Inj Susp: 10mL vial	Yes	QL: 40mL per 30 days retail
Insulin Aspart Protamine/Insulin Aspart Mix 70/30 FlexPen	Insulin Aspart Protamine/Insulin Aspart Mix 70/30 FlexPen	Prefilled Syringes: 3mL	Yes	QL: 1mL daily
NovoLIN 70/30® NovoLIN 70/30 ReliOn®	Insulin Isophane and Regular	Inj Susp: 10mL vials	Yes	OTC; QL: 40mL per 30 days
NovoLOG Mix 70/30®	Insulin Aspart	Vials: 10mL	Yes	QL: 40mL per 30 days
NovoLOG Mix 70/30 FlexPen®	Insulin Aspart	Prefilled Syringes: 3mL	Yes	QL: 1mL daily
Ryzodeg FlexTouch®	Insulin Degludec/Insulin Aspart	Pen: 5x3mL	No	PA Required
GLP-1 Agonist				
Byetta®	Exenatide	Inj Sol: 1.2 (5mcg/0.02ml) and 2.4mL(10mcg/0.04ml) prefilled pen (60 doses)	Yes	PA Required QL: 1.2mL per 30 days (5MCG) QL: 2.4mL per 30 days(10MCG) AL: At least 18 old
Bydureon BCise®	Exenatide	ER Inj Susp: Autoinjector: 2mg/0.85mL	Yes	PA Required; QL (3.4mL per 28 days)
Mounjaro®	Tirzepatide	Inj (pen): 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg	No	PA Required
Ozempic®	Semaglutide	Inj : 2mg/1.5mL pen	No	PA Required
Trulicity®	Dulaglutide	Inj Sol: 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	Yes	PA Required; QL: 2 pens per 28 days
Victoza®	Liraglutide	Inj Sol: 3 x 18mg/3mL pens	No	PA Required QL: 1.8 mL per day
Amylin Analog				
SymlinPen 120®	Pramlintide acetate	Inj Sol: 2700mcg/2.7mL	Yes	PA Required; QL:11mL per 30 days
SymlinPen 60®	Pramlintide acetate	Inj Sol: 1500mcg/1.5mL	Yes	PA Required; QL:6mL per 30 days
Insulin/GLP-1 Agonist Combinations				
Xultophy®	Insulin Degludec/liraglutide	Inj Sol: 5x3mL pen of 100-3.6 units per mL	No	PA Required
Soliqua®	Insulin Glargine/lixisenatide	Inj Sol: 5x3mL pen of 100-33 units per mL	Yes	ST; QL: 0.6ml daily
Monoclonal Antibody				

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Tzield®	Teplizumab-mzwv	Inj: 2mg/ml vial	No	PA Required

Aero=Aerosol, AL=Age Limits, Act=Actuation, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, Elix=Elixer, GL=Gender Limit, GM=Gram, HR=Hour, IM=Intramuscular, Inh=Inhaler, Inj=Injection, IR=Immediate-release, LA= Long-Acting, MCG=Microgram, MDI=Metered Dose Inhaler, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, Neb=Nebulizer, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, RTL=Retail, SP= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TM= Transmucosal, TR=timed Release, XL= Extended Release, XR=Extended Release

For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at www.pshp.com