

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 | PA Required |
| Admelog Solostar [®] | Insulin Lispro | Inj Sol: 3mL pen (U-100) | Yes | PA Required |
| 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) | Yes | PA Required |
| HumaLOG KwikPen [®] | Insulin Lispro | Inj Sol: 5x3mL pen (U-100), 2x3mL pen (U-200) | Yes | 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 Aspart | Insulin Aspart | Inj Sol: 10mL vials (U-100) | No | PA Required |
| Insulin Aspart FlexPen | Insulin Aspart | Inj Sol: 5x3mL pen (U-100) | No | PA Required |
| Insulin Aspart PenFill | Insulin Aspart | Inj Sol: 5x3mL pen (U-100) | No | PA Required |
| Insulin Lispro | Insulin Lispro | Inj Sol: 10mL vials (U-100) | Yes | QL: 40ml per 30 days retail |
| Insulin Lispro KwikPen | Insulin Lispro Pen-Injector | Inj Sol: 5x3mL pen (U-100) | Yes | QL: 1.34mL daily |
| Insulin Lispro Junior KwikPen | Insulin Lispro Junior Pen-Injector | Inj Sol: 5x3mL pen (U-100) | Yes | None |
| 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 |

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|-----------------------------------------|-----------------------|--------------------------------------------------------|---------------------|-------------------------------------------------------|
| NovoLOG® | Insulin Aspart | Inj Sol: 10mL vials (U-100) | No | PA Required |
| NovoLOG Relion® | Insulin Aspart | Inj Sol: 10mL vials (U-100) | No | PA Required |
| NovoLOG PenFill® | Insulin Aspart | Inj Sol: 5x3mL cartridges (U-100) | No | PA Required |
| NovoLOG FlexPen® | Insulin Aspart | Inj Sol: 5x3mL pen (U-100) | No | PA Required |
| NovoLOG FlexPen Relion® | Insulin Aspart | Inj Sol: 5x3mL pen (U-100) | No | PA Required |
| 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 retail PA Required U-500 |
| HumuLIN R KwikPen® | Insulin Regular | Inj Sol: 3mL pen (U-500) | No | PA Required |
| NovoLIN R® | Insulin Regular | Inj Sol: 10mL vials (U-100) | Yes | OTC; QL: 40mL per 30 days retail |
| NovoLIN R ReliOn® | Insulin Regular | Inj Sol: 10mL vials (U-100) | Yes | PA Required |
| 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® | Insulin Isophane | Inj Susp: 10mL vials (U-100) | Yes | OTC; QL: 40mL per 30 days retail |
| NovoLIN N® ReliOn® | Insulin Isophane | Inj Susp: 10mL vials (U-100) | Yes | PA Required |
| NovoLin N FlexPen® | Insulin Isophane | Inj Susp: 5x3mL pen | Yes | OTC; QL: 1mL daily |
| Novolin N Relion FlexPen® | Insulin Isophane | Inj Susp: 5x3mL pen | Yes | PA Required |
| Long-Acting Insulin | | | | |
| Insulin Glargine | Insulin Glargine | Inj Sol: 10mL vials (U-100), 5x3ml pen | Yes | QL: 1mL daily (Viatris Brand only) |
| Insulin Glargine-yfgn (generic Semglee) | Insulin Glargine-yfgn | Inj Sol: 10mL vials (U-100), 5x3ml pen | Yes | QL: 1mL daily |

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|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------|---------------------|----------------------------------|
| 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 | No | PA Required |
| 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) | Yes | PA Required |
| Semglee Pen® | Insulin Glargine | Inj Sol: 5x3mL pen | Yes | 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® | Insulin Degludec | Inj Sol: 10mL vials (U-100) | No | PA Required |
| Tresiba FlexTouch® | Insulin Degludec | Inj Sol: 100 units/mL, 200 units/ml Pen | No | PA Required |
| Insulin Degludec | Insulin Degludec | Inj Sol: 10mL vials (U-100) | No | PA Required |
| Insulin Degludec FlexTouch | Insulin Degludec Pen-Injector | 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 |
| HumuLIN 70/30® | Insulin Isophane and Regular | Inj Susp: 10mL vial | Yes | OTC; QL: 40mL per 30 days retail |
| 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® | Insulin Isophane and Regular | Inj Susp: 10mL vials | Yes | OTC; QL: 40mL per 30 days retail |
| NovoLIN 70/30 ReliOn® | Insulin Isophane and Regular | Inj Susp: 10mL vials | Yes | PA Required |
| NovoLIN FlexPen 70/30® | Insulin Isophane and Regular | Inj Susp: 5x3mL pen | Yes | OTC; QL: 1mL daily |

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|------------------------------------|---------------------------------|-----------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------|
| NovoLIN 70/30 FlexPen ReliOn® | Insulin Isophane and Regular | Inj Susp: 5x3mL pen | Yes | PA Required |
| NovoLOG Mix 70/30® | Insulin Aspart | Vials: 10mL | No | PA Required |
| NovoLOG Mix 70/30 Relion® | Insulin Aspart | Vials: 10mL | No | PA Required |
| NovoLOG Mix 70/30 FlexPen® | Insulin Aspart | Prefilled Syringes: 3mL | No | PA Required |
| NovoLOG Mix 70/30 FlexPen Relion® | Insulin Aspart | Prefilled Syringes: 3mL | No | PA Required |
| 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 | QL: 0.04mL daily days (5MCG) QL: 0.08mL daily(10MCG) AL: At least 18 old |
| Bydureon BCise® | Exenatide | ER Inj Susp: Autoinjector: 2mg/0.85mL | No | PA Required |
| 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 per 28 days; AL: At least 10 years old |
| Victoza® | Liraglutide | Inj Sol: 3 x 18mg/3mL pens | Yes | QL: 0.3ml daily; AL: At least 10 years old |
| Amylin Analog | | | | |
| SymlinPen 120® | Pramlintide acetate | Inj Sol: 2700mcg/2.7mL | No | PA Required |
| SymlinPen 60® | Pramlintide acetate | Inj Sol: 1500mcg/1.5mL | No | PA Required |
| 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 | PA Required; QL: 0.6ml daily |
| Monoclonal Antibody | | | | |
| Tzield® | Teplizumab-mzww | 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

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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