

Quick Reference Drug List:

Oral 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	MEDICAL PDL STATUS	LIMITS & RESTRICTIONS
Alpha-Glucosidase Inhibitors				
Glyset®	Miglitol	Tabs: 25mg, 50mg, 100mg	No	PA Required
Precose®	Acarbose	Tabs: 25mg, 50mg, 100mg	No	PA Required
Biguanides				
Glucophage®	Metformin	Tabs: 500mg, 850mg, 1000mg	Yes	QL: 4 per day (500mg only)
Glucophage XR®	Metformin	ER Tabs: 500mg, 750mg	Yes	QL: 4 per day (500mg only) QL: 3 per day (750mg only)
Glumetza®	Metformin	ER Tabs: 500mg, 1000mg (modified release)	No	PA Required
Riomet®	Metformin	Oral Solution: 500mg/5mL	No	PA Required
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors				
Januvia®	Sitagliptin	Tabs: 25mg, 50mg, 100mg	No	PA Required
Nesina®	Alogliptan	Tabs: 6.25mg, 12.5mg, 25mg	Yes	None
Onglyza®	Saxagliptin	Tabs: 2.5mg, 5mg	Yes	QL: 1 per day
Sitagliptin (generic Zituvio)	Sitagliptin	25mg, 50mg, 100mg	Yes	QL: 1 per day
Tradjenta®	Linagliptin	Tabs: 5mg	No	PA Required
Zituvio®	Sitagliptin	Tab: 25mg, 50mg, 100mg	Yes	PA Required
Meglitinides				
Prandin®	Repaglinide	Tabs: 0.5mg, 1mg, 2mg	No	PA Required
Starlix®	Nateglinide	Tabs: 60mg, 120mg	Yes	QL: 3 per day
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors				
Brenzavvy®	Bexagliflozin	Tabs: 20mg	No	PA Required

Quick Reference Drug List: Oral Anti-Diabetic Agents

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	MEDICAL PDL STATUS	LIMITS & RESTRICTIONS
Farxiga®	Dapagliflozin	Tabs: 5mg, 10mg	Yes	QL: 1 per day
Inpefa®	Sotagliflozin	Tabs: 200mg, 400mg	No	PA Required
Invokana®	Canagliflozin	Tabs: 100mg, 300mg	No	PA Required
Jardiance®	Empagliflozin	Tabs: 10mg, 25mg	No	PA Required
Steglatro®	Ertugliflozin	Tabs: 5mg, 15mg	No	PA Required
Sulfonylureas				
Amaryl®	Glimepiride	Tabs: 1mg, 2mg, 4mg	Yes	QL: 4 per day (1mg and 2mg) QL: 2 per day (4mg only)
Diabinese®	Chlorpropamide	Tabs: 100mg, 250mg	No	PA Required
Glucotrol®	Glipizide	Tabs: 5mg, 10mg	Yes	None
Glucotrol XL®	Glipizide	ER Tabs: 2.5mg, 5mg, 10mg	Yes	None
Glynase PresTab®	Glyburide	Micronized Tabs: 1.5mg, 3mg, 6mg	Yes	None
Micronase® Diabeta®	Glyburide Micronized	Tabs: 1.25mg, 2.5mg, 5mg	No	PA Required
Orinase®	Tolbutamide	Tabs: 500mg	No	PA Required
Tolinase®	Tolazamide	Tabs: 250mg, 500mg	No	PA Required
Thiazolidinediones (TZDs)				
Actos®	Pioglitazone	Tabs: 15mg, 30mg, 45mg	Yes	QL: 1 per day
Avandia®	Rosiglitazone maleate	Tabs: 2mg, 4mg	No	PA Required
Dopamine Receptor Agonist				
Cycloset®	Bromocriptine mesylate	Tabs: 0.8mg	No	PA Required
Bile Acid Sequestrant				
Welchol®	Colesevelam	Tabs: 625mg Powder Packet: 3750mg	No	PA Required
GLP-1 Agonist				
Rybelsus®	Semaglutide	Tab: 3mg, 7mg, 14mg	No	PA Required
Combination Products				
ACTOplus met®	Pioglitazone/metformin	Tabs: 15mg/850mg	Yes	QL: 2 per day
Duetact®	Pioglitazone/glimepiride	Tabs: 30mg/2mg, 30mg/4mg	No	PA Required
Glucovance®	Glyburide/metformin	Tabs (generic only): 1.25mg/250mg, 2.5mg/500mg, 5mg/500mg	Yes	None
Glyxambi®	Empagliflozin/linagliptin	Tabs: 10mg/5mg, 25mg/5mg	No	PA Required

Quick Reference Drug List: Oral Anti-Diabetic Agents

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	MEDICAL PDL STATUS	LIMITS & RESTRICTIONS
Invokamet®	Canagliflozin/metformin	Tabs: 50mg/500mg, 50mg/1000mg, 150mg/500mg, 150mg/1000mg	No	PA Required
Invokamet XR®	Canagliflozin/metformin	IR/ER Tabs: 50mg/500mg, 50mg/1000mg, 150mg/500mg, 150mg/1000mg	No	PA Required
Janumet®	Sitagliptin/metformin	Tabs: 50mg/500mg, 50mg/1000mg	No	PA Required
Janumet XR®	Sitagliptin/metformin	IR/ER Tabs: 50mg/500mg, 50mg/1000mg, 100mg/1000mg	No	PA Required
Jentadueto®	Linagliptin/metformin	Tabs: 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg	No	PA Required
Jentadueto XR®	Linagliptin/metformin	IR/ER Tabs: 2.5mg/1000mg, 5mg/1000mg	No	PA Required
Kazano®	Alogliptin/metformin	Tabs: 12.5mg/500mg, 12.5mg/1000mg	Yes	QL: 2 per day
Kombiglyze XR®	Saxagliptin/metformin	IR/ER Tabs: 2.5mg/1000mg, 5mg/500mg, 5mg/1000mg	Yes	QL: 1 per day
Metaglip®	Glipizide/metformin	Tabs: 2.5mg/250mg, 2.5mg/500mg, 5mg/500mg	Yes	None
Oseni®	Alogliptin/pioglitazone	Tabs: 12.5mg/15mg, 12.5mg/30mg, 12.5mg/45mg, 25mg/15mg, 25mg/30mg, 25mg/45mg	Yes	None
Qtern®	Dapagliflozin/saxagliptin	Tabs: 10mg/5mg	No	PA Required
Segluromet®	Ertugliflozin/metformin	Tabs: 2.5mg/500mg, 2.5mg/1000mg, 7.5mg/500mg, 7.5mg/1000mg	No	PA Required
Sitagliptin/metformin (generic Zituvimet)	Sitagliptin/metformin	ER Tab: 50mg/500mg, 50mg/1000mg	Yes	QL: 2 per day
Steglujan®	Ertugliflozin/sitagliptin	Tabs: 5mg/100mg, 15mg/100mg	No	PA Required
Synjardy®	Empagliflozin/metformin	Tabs: 5mg/500mg, 5mg/1000mg, 12.5mg/500mg, 12.5mg/1000mg	No	PA Required
Synjardy XR®	Empagliflozin/metformin	ER Tabs: 5mg/1000mg, 10mg/1000mg, 12.5mg/1000mg, 25mg/1000mg	No	PA Required

Quick Reference Drug List: Oral Anti-Diabetic Agents

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	MEDICAL PDL STATUS	LIMITS & RESTRICTIONS
Trijardy XR®	Empagliflozin/linagliptin/metformin	ER Tabs: 5mg/2.5mg/1000mg, 10mg/5mg/1000mg, 12.5mg/2.5mg/1000mg, 25mg/5mg/1000mg	No	PA Required
Xigduo XR®	Dapagliflozin/metformin	IR/ER Tabs: 2.5mg/1000mg, 5mg/500mg, 5mg/1000mg, 10mg/500mg, 10mg/1000mg	Yes	QL: 2 per day (5mg/1000mg), 1 per day (10mg/1000mg)
Zituvimet®	Sitagliptin/metformin	Tab: 50mg/500mg, 50mg/1000mg	Yes	PA Required
Zituvimet XR®	Sitagliptin/metformin	ER Tab: 50mg/500mg, 50mg/1000mg, 100mg/1000mg	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=Elixir, 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