

Quick Reference Drug List:

Injectable Anti-Diabetic 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 **Envolve Pharmacy Solutions:**

Prior Authorization Phone: 866-399-0928

Prior Authorization Fax: 866-399-0929

DRUG NAME	INGREDIENT	Dosage Form/Strength	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Rapid-Acting Insulin				
Admelog [®]	Insulin Lispro	Inj Sol: 3 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
NovoLOG [®]	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
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 per 30 days retail
NovoLIN N [®] NovoLIN N ReliOn [®]	Insulin Isophane	Inj Susp: 10mL vials (U-100)	Yes	OTC; QL: 40ml per 30 days retail

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Long-Acting Insulin				
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
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)	Yes	QL: 40ml per 30 days
HumaLOG Mix KwikPen [®]	Insulin Lispro/Insulin Lispro Protamine	Inj Susp: 50/50, 75/25 (5x3ml pens)	Yes	QL: 1ml daily
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
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				
Adlyxin [®]	Lixisenatide	Inj Sol: 10mcg/0.2ml, 20mcg/0.2ml PFS	No	PA Required
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 [®]	Exenatide	ER Inj Susp: Vials: 2mg	Yes	PA Required QL: 4 per 28 days AL: At least 18 old
Bydureon Pen [®]	Exenatide	ER Inj Susp: Vials: 2mg	Yes	PA Required QL: 4 per 28 days AL: At least 18 old
Bydureon BCise [®]	Exenatide	ER Inj Susp: Autoinjector: 2mg/0.85ml	No	PA Required; QL(3.4ml per 28 days)

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Ozempic [®]	Semaglutide	Inj : 2mg/1.5ml pen	No	PA Required
Trulicity [®]	Dulaglutide	Inj Sol: 0.75mg/0.5ml, 1.5mg/0.5ml	No	PA Required
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	No	PA Required

AL=Age Limits, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, GL=Gender Limit, GM=Gram IM=Intramuscular, Inh=Inhaler, Inj=Injection, LA= Long-Acting, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, S= 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