

Quick Reference Drug List:

Oral 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
Alpha-Glucosidase Inhibitors				
Glyset [®]	Miglitol	Tab: 25mg, 50mg, 100mg	No	PA Required
Precose [®]	Acarbose	Tab: 25mg, 50mg, 100mg	No	PA Required
Biguanides				
Fortamet [®]	Metformin	ER Tab: 500mg, 1000mg (osmotic)	No	PA Required
Glucophage [®]	Metformin	Tab: 500mg, 850mg, 1000mg	Yes	MDD: 4 per day (500mg only)
Glucophage XR [®]	Metformin	ER Tab: 500mg, 750mg	Yes	QL: 4 per day (500mg only) QL: 3 per day (750mg only)
Glumetza [®]	Metformin	ER Tab: 500mg, 1000mg (modified release)	No	PA Required
Riomet [®]	Metformin	Oral Solution: 500mg/5mL	No	PA Required
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors				
Januvia [®]	Sitagliptin	Tab: 25mg, 50mg, 100mg	No	PA Required
Nesina [®]	Alogliptan	Tab: 6.25mg, 12.5mg, 25mg	Yes	None
Onglyza [®]	Saxagliptin	Tab: 2.5mg, 5mg	No	PA Required
Tradjenta [®]	Linagliptin	Tab: 5mg	Yes	PA Required AL: At least 18 years old QL: 1 per day
Meglitinides				
Prandin [®]	Repaglinide	Tab: 0.5mg, 1mg, 2mg	No	PA Required
Starlix [®]	Nateglinide	Tab: 60mg, 120mg	Yes	QL: 3 per day
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors				
Farxiga [®]	Dapagliflozin	Tab: 5mg, 10mg	No	PA Required
Invokana [®]	Canagliflozin	Tab: 100mg, 300mg	No	PA Required
Jardiance [®]	Empagliflozin	Tab: 10mg, 25mg	Yes	PA Required QL: 1 per day
Steglatro [®]	Ertugliflozin	Tab: 5mg, 15mg	Yes	ST; QL: 1 per day

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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	Tabs: 1.25mg, 2.5mg, 5mg	Yes	None
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
Combination Products				
ACTOplus met [®]	Pioglitazone/metformin	Tabs: 15mg/500mg, 15mg/850mg	Yes	QL: 2 per day
ACTOplus met XR [®]	Pioglitazone/metformin	IR/ER Tabs: 15mg/1000mg, 30mg/1000mg	No	PA Required
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
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	Yes	PA Required QL: 2 per day
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	PA Required QL: 2 per day

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Kombiglyze XR [®]	Saxagliptin/metformin	IR/ER Tabs: 2.5mg/1000mg, 5mg/500mg, 5mg/1000mg	No	PA Required
Metaglip [®]	Glipizide/metformin	Tabs: 2.5mg/250mg, 2.5mg/500mg, 5mg/500mg	Yes	PA Required
Oseni [®]	Alogliptin/pioglitazone	Tabs: 12.5mg/15mg, 12.5mg/30mg, 12.5mg/45mg, 25mg/15mg, 25mg/30mg, 25mg/45mg	Yes	None
PrandiMet [®]	Repaglinide/metformin	Tabs: 1mg/500mg, 2mg/500mg	No	PA Required
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	Yes	ST; 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
Xigduo XR [®]	Dapagliflozin/metformin	IR/ER Tabs: 2.5mg/1000mg, 5mg/500mg, 5mg/1000mg, 10mg/500mg, 10mg/1000mg	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