

DIABETES MEDICATION BHP MEDICAID COVERAGE



GENERIC	BRAND	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
Rapid Acting Insulin				
Insulin Aspart	Novolog®	Vial (10mL)	100 unit/ml	Covered, 40 per 30 days
		Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
Insulin Lispro	Humalog®	Vial (10mL)	100 unit/ml	Covered, 30 per 30 days
		Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
	Humalog U200®	Pen (3mL)	200 unit/ml	Covered, 30 per 30 days
Insulin Glulisine	Apidra®	Vial (10mL)	100 unit/ml	Covered, 40 per 30days
		Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
Short Acting Insulin				
Insulin Regular	Humulin R®	Vial (3, 10mL)	100 unit/ml	Covered, 40 per 30 days
	Humulin R U500®	Vial (20mL)	500 unit/ml	Covered
		Pen (3mL)	500 unit/ml	PA
Insulin Regular	Novolin R®	Vial (10mL)	100 unit/ml	Covered, 40 per 30 days
Intermediate Acting Insulin				
Insulin NPH	Novolin N®	Vial (10mL)	100 unit/ml	Covered, 40 per 30 days
Insulin NPH	Humulin N®	Vial (3,10mL)	100 unit/ml	Covered, 40 per 30 days
		Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
Long Acting Insulin				
Insulin degludec	Tresiba®	Pen (3mL)	100 unit/ml	PA
		Pen (3mL)	200 unit/ml	PA
Insulin detemir	Levemir®	Vial (10mL)	100 unit/ml	PA
		Pen (3mL)	100 unit/ml	PA
Insulin glargine	Lantus®	Vial (10mL)	100 unit/ml	PA
		Pen (3mL)	100 unit/ml	PA
	Basaglar®	Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
	Toujeo®	Pen (1.5mL)	300 unit/ml	PA
Combination Insulin				
Aspart protamine /aspart	Novolog 70/30®	Vial (10mL)	100 unit/ml	Covered, 40 per 30 days
		Pen(3mL)	100 unit/ml	Covered, 30 per 30 days
Lispro protamine/lispro	Humalog 75/25®	Vial (10mL)	100 unit/ml	Covered, 40 per 30 days
		Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
	Humalog 50/50®	Vial (10mL)	100 unit/ml	Covered, 40 per 30 days
		Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
NPH/regular	Novolin 70/30®	Vial (10mL)	100 unit/ml	Covered, 40 per 30 days
	Humulin 70/30®	Vial (3, 10mL)	100 unit/ml	Covered, 40 per 30 days
		Pen (3mL)	100 unit/ml	Covered, 30 per 30 days
GLP-1 Agonist				
Albiglutide	Tanzeum®	Pen	30mg, 50mg	PA
Dulaglutide	Trulicity®	Pen	0.75mg/0.5mL, 1.5mg/0.5mL	PA
Exenatide	Bydureon®	Pen	2mg	PA, 4 per 28 days
		Single dose tray	2mg	PA, 4 per 28 days
	Byetta®	Pen	5mcg/0.02mL, 10mcg/0.04mL	PA
Liraglutide	Victoza®	Pen	18mg/3mL	PA
Lixisenatide	Adlyxin®	Pen	20mcg/0.2mL	PA

CONTINUED ON NEXT PAGE

GENERIC	BRAND	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
Combination Insulin and GLP-1 Agonist				
Insulin degludec/ Liraglutide	Xultophy®	Pen	100unit/3.6mg per mL	PA
Insulin glargine/ Lixisenatide	Soliqua®	Pen	100unit/33mcg per mL	PA
Amylinomimetic				
Pramlintide	SymlinPen 60®	Pen	1500mcg/1.5mL	PA, 6 per 30 days
	SymlinPen 120®	Pen	2700mcg/2.7mL	PA, 10.8 per 30 days
Biguanides				
*Metformin	Glucophage®	Tablet	500mg	Covered, MDD: 4 per day
			850mg, 1000mg	
	Glucophage XR®	Tablet ER	500mg	Covered, MDD: 4 per day
			750mg 1000mg	Covered, MDD: 3 per day PA
Glumetza®	Tablet ER	500mg, 1000mg	PA	
Riomet®	Oral solution	500mg/5mL	PA	
Sulfonylurea				
*Glimepiride	Amaryl®	Tablet	1mg, 2mg 4mg	Covered, MDD: 1 per day Covered, MDD: 2 per day
*Glipizide	Glucotrol®	Tablet	5mg, 10mg	Covered
		Tablet ER	2.5mg, 5mg, 10mg	Covered
*Glyburide	Glynase®	Tablet	1.25mg, 1.5mg, 2.5mg, 3mg, 5mg, 6mg	Covered
Meglitinides				
*Nateglinide	Starlix®	Tablet	60mg, 120mg	Covered, MDD: 3 per day
*Repaglinide	Prandin®	Tablet	0.5mg, 1mg, 2mg	PA
Thiazolidinediones				
*Pioglitazone	Actos®	Tablet	15mg, 30mg, 45mg	Covered, MDD: 1 per day
*Rosiglitazone	Avandia®	Tablet	2mg, 4mg, 8mg	PA
Alpha Glucosidase Inhibitor				
*Acarbose	Precose®	Tablet	25mg, 50mg, 100mg	Covered, MDD: 3 per day
*Miglitol	Glyset®	Tablet	25mg, 50mg, 100mg	PA
DPP-4 Inhibitors				
*Alogliptin	Nesina®	Tablet	6.25mg, 12.5mg, 25mg	Covered, MDD: 1 per day
Linagliptin	Tradjenta®	Tablet	5mg	PA
Saxagliptin	Onglyza®	Tablet	2.5mg, 5mg	PA
Sitagliptin	Januvia®	Tablet	25mg, 50mg, 100mg	PA
SGLT-2 Inhibitors				
Canagliflozin	Invokana®	Tablet	100mg, 300mg	PA
Dapagliflozin	Farxiga®	Tablet	5mg, 10mg	PA
Empagliflozin	Jardiance®	Tablet	10mg, 25mg	PA
Combination Products				
*Alogliptin/Pioglitazone	Oseni®	Tablet	12.5/15mg, 12.5/30mg, 12.5/45mg, 25/15mg, 25/30mg, 25/45mg	Covered, MDD: 1 per day
*Alogliptin/Metformin	Kazano®	Tablet	12.5/500mg, 12.5/1000mg	Covered, MDD: 1 per day
Canagliflozin/Metformin	Invokamet®	Tablet	50/500mg, 150/500mg, 50/1000mg, 150/1000mg	PA
	Invokamet XR®	Tablet ER	50/500mg, 150/500mg, 50/1000mg, 150/1000mg	PA
Dapagliflozin/Metformin	Xigduo XR®	Tablet ER	5/500mg, 10/500mg, 5/1000mg, 10/1000mg	PA
Empagliflozin/Linagliptin	Glyxambi®	Tablet	10/5mg, 25/5mg	PA

DIABETES MEDICATION BHP MEDICAID COVERAGE

continued



GENERIC	BRAND	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
Empagliflozin/Metformin	Synjardy®	Tablet	5/500mg, 5/1000mg, 12.5/500mg, 12.5/1000mg	PA
*Glipizide/Metformin		Tablet	2.5/250mg, 2.5/500mg, 5/500mg	Covered
Glyburide/Metformin	Glucovance®	Tablet	1.25/250mg, 2.5/500mg, 5/500mg	Covered
Linagliptin/Metformin	Jentaduet®	Tablet	2.5/500mg, 2.5/850mg, 2.5/1000mg	Covered, MDD: 2 per day
	Jentaduet XR®	Tablet ER	2.5/1000mg, 5/1000mg	PA
*Pioglitazone/Glimepiride	Duetact®	Tablet	30/2mg, 30/4mg	PA
*Pioglitazone/Metformin	Actoplus Met®	Tablet	15/500mg, 15/850mg	Covered, MDD: 2 per day
	Actoplus Met XR®	Tablet ER	15/1000mg, 30/1000mg	PA
*Repaglinide/Metformin	PrandiMet®	Tablet	1/500mg, 2/500mg	PA
Saxagliptin/Metformin	Kombiglyze XR®	Tablet	2.5/1000mg, 5/500mg, 5/1000mg	PA
Sitagliptin/Metformin	Janumet®	Tablet	50/500mg, 50/1000mg	PA
	Janumet XR®	Tablet ER	50/500mg, 50/1000mg, 100/1000mg	PA

Covered = Medication on preferred drug list (PDL) without requirement of prior authorization. Restrictions may apply such as quantity limits.

*Generic equivalent available

ABBREVIATIONS: ER/XR = extended-release, MDD: = max daily dose, PA = prior authorization required