

Quick Reference Drug List

Diabetes



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Key: * = Generic product available

Please note: This document is not meant to be an all-encompassing view of either the Medicaid PDL or Medicare Formulary. It is a supplemental document meant to be used as quick reference for those providers may who find it useful.

Drug	Dosage Form	Medicaid PDL Status
Rapid-Acting Insulin		
Apidra® (Insulin Glulisine)	10mL vials and 3mL pen (Solostar)	Yes-vials only
Humalog® (Insulin Lispro)	Humalog - 10mL vials, 5x3mL KwikPen and cartridges	Yes-vials only
NovoLog® (Insulin Aspart)	10mL vials, 5x3mL FlexPen, and PenFill cartridges	Yes-vials only
Short-Acting Insulin		
Humulin R® (Insulin Regular)	10mL vials	Yes
Novolin R® (Insulin Regular)	10mL vials	Yes
Intermediate-Acting Insulin		
Humulin N® (Insulin Isophane)	10mL vials , 5 x 3mL disposable pen	Yes-vials only
Novolin N® (Insulin Isophane)	10mL vials	Yes
Long-Acting Insulin		
Lantus® (Insulin Glargine)	10mL vials and Solostar	Yes- vials only
Levemir® (Insulin Detemir)	10mL vials, 3mL FlexPen prefilled syringes	PA required
Pre-Mixed Insulin		
Humulin 70/30® Novolin 70/30® (Insulin Isophane and Regular)	70% isophane insulin (NPH) and 30% insulin injection (regular). In 5 x 3mL disposable pen insulin delivery devices, and 10mL vials (Novolin – vials only)	Yes- vials only
Humalog Mix 50/50® Humalog Mix 75/25® (Insulin Lispro)	Humalog Mix - In 10mL vials and 5 x 3mL disposable pen and KwikPen insulin delivery devices.	Yes-vials only
Novolog Mix 70/30® (Insulin Aspart)	10mL vials and 3mL FlexPen prefilled syringes	Yes-vials only

Drug	Dosage Form	Medicaid PDL Status
Other Insulin		
Humulin R Regular U-500 [®] (Concentrated) (Insulin Regular Concentrate)	20mL vials	Yes
Other Injectable Antidiabetic Agents		
Byetta [®] (exenatide)	1.2 (5mcg/0.02mL) and 2.4mL (10mcg/0.4mL) prefilled pen (60 doses)	PA required
Bydureon [®] (exenatide)	Vials: 2mg	PA required
Symmlin [®] (pramlintide acetate)	SymmlinPen 60 Symmlin Pen 120 1mg/mL, 1.5 and 2.7mL multi-dose pen-injectors	PA required
Victoza [®] (liraglutide)	Injection, sol: 18mg/3mL pens	PA required
Alpha-Glucosidase Inhibitors		
acarbose* (Precose [®])	Tablets: 25mg, 50mg, 100mg	Yes
Glyset [®] (miglitol)	Tablets: 25mg, 50mg, 100mg	PA required
Biguanides		
Riomet [®] (metformin)	Solution; oral: 500mg per 5mL	PA required
Glumetza [®] (metformin)	Tablet 24 hour: 500mg ER, 1000mg ER (modified release)	PA required
Fortamet [®] (metformin)	Tablets 24 hour: 500mg ER, 1000mg ER (osmotic)	PA required
metformin* (various)	Tablets: 500mg, 850mg, 1000mg	Yes
metformin ER* (Glucoophage [®] XR)	Tablets 24 hour: 500mg ER, 750mg ER	Yes
Dipeptidyl Peptidase-4 Inhibitor		
Januvia [®] (sitagliptin)	Tablets: 25mg, 50mg, 100mg	PA required
Onglyza [®] (saxagliptin)	Tablets: 2.5mg, 5mg	Yes
Tradjenta [®] (linagliptin)	Tablets: 5 mg	Yes
Nesina [®] (Alogliptin)	Tablets: 6.25mg, 12.5mg, 25mg	PA required
Dopamine Receptor Agonists		
Cycloset [®] (bromocriptine mesylate)	Tablets: 0.8 mg	PA required
Meglitinides		
nateglinide* (Starlix [®])	Tablets: 60mg, 120mg	Yes
Prandin [®] (repaglinide)	Tablets: 0.5mg, 1mg, 2mg	PA required
Sulfonylureas		
chlorpropamide* (Diabinese [®])	Tablets: 100mg, 250mg	PA required
glimepiride* (Amaryl [®])	Tablets: 1mg, 2mg, 4mg	Yes

Drug	Dosage Form	Medicaid PDL Status
glipizide* (Glucotrol®)	Tablets: 5mg, 10mg	Yes
glipizide ER* (Glucotrol XL®)	Tablets 24 hour: 2.5mg, 5mg, 10mg XL	Yes
glyburide* (Micronase®, Diabeta®)	Tablets: 1.25mg, 2.5mg, 5mg	Yes
glyburide, micronized* (Glynase®)	Tablets, micronized: 1.5mg, 3mg, 6mg	Yes
tolazamide* (generic only)	Tablets: 250mg, 500mg	Yes
tolbutamide* (Orinase®)	Tablets: 500mg	Yes
Thiazolidinediones (TZDs)		
pioglitazone* (Actos®)	Tablets: 15mg, 30mg, 45mg	Yes
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
Invokana® (Canagliflozin)	Tablets: 100mg, 300mg	PA required
Combination Products		
pioglitazone/metformin* (ActoPlus Met®)	Tablets: pioglitazone 15mg/metformin 500mg; 15mg/850mg	Yes
Jentaduetto (linagliptin/metformin)	Tablets: 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg	Yes
Kombiglyze® XR (saxagliptin/metformin)	Tablets 24 hour: 5mg/500mg, 2.5mg/500mg, 5mg/1000mg	Yes
pioglitazone/glimepiride (Duetact®)	Tablets: pioglitazone 30mg/glimepiride 2mg; 30mg/4mg	PA required
Avandaryl® (rosiglitazone/glimepiride)	Tablets: rosiglitazone 4mg/glimepiride 1mg; 4mg/2mg; 4mg/4mg; 8mg/2mg; 8mg/4mg	PA required
glipizide/metformin* (Metaglip®)	Tablets: glipizide 2.5mg/metformin 250 mg; 2.5mg/500mg; 5mg/500mg	Yes
glyburide/metformin* (Glucovance®)	Tablets: 1.25mg/250 mg; 2.5mg/500mg; 5mg/500mg	Yes
Prandimet® (Repaglinide/ Metformin)	Tablets: 1mg/500mg 2mg/500mg	PA required
Janumet® (Sitagliptin/ Metformin)	Tablets: 50mg/500mg 50mg/1000mg	PA required
Janumet XR® (Sitagliptin/ Metformin)	Tablets ER: 50mg/500mg 50mg/1000mg 100mg/1000mg	PA required
Oseni® (Alogliptin/Pioglitazone)	Tablets: 12.5mg/15mg, 12.5mg/30mg, 12.5mg/45mg, 25mg/30mg, 25mg/45mg	PA required
Kazano® (Alogliptin/Metformin)	Tablets: 12.5/500mg 12.5/1000mg	PA required