

# Quick Reference Drug List:

## Oral Antidiabetic Agents



**P**each 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                      | MEDICAID PDL STATUS | LIMITS & RESTRICTIONS                                    |
|--|---------------|---|---------------------|--|
| <b>Alpha-Glucosidase Inhibitors</b>                        |               |   |                     |  |
| Glyset®  | Miglitol      | Tabs: 25mg, 50mg, 100mg                   | No                  | PA Required  |
| Precose®   | Acarbose      | Tabs: 25mg, 50mg, 100mg                   | No                  | PA Required  |
| <b>Biguanides</b>  |               |   |                     |  |
| 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)<br>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  |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>           |               |   |                     |  |
| 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  |
| Tradjenta®   | Linagliptin   | Tabs: 5mg                                 | No                  | PA Required  |
| Zituvio®   | Sitagliptin   | Tab: 25mg, 50mg, 100mg                    | No                  | PA Required  |
| <b>Meglitinides</b>  |               |   |                     |  |
| Prandin®   | Repaglinide   | Tabs: 0.5mg, 1mg, 2mg                     | No                  | PA Required  |
| Starlix®   | Nateglinide   | Tabs: 60mg, 120mg                         | Yes                 | QL: 3 per day  |
| <b>Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors</b> |               |   |                     |  |
| Brenzavvy®   | Bexagliflozin | Tabs: 20mg                                | No                  | PA Required  |
| 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  |

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|--|---------------------------|---|---------------------|---|
| Steglatro <sup>®</sup>                         | Ertugliflozin             | Tabs: 5mg, 15mg   | No                  | PA Required   |
| <b>Sulfonylureas</b>                           |                           |   |                     |   |
| Amaryl <sup>®</sup>                            | Glimepiride               | Tabs: 1mg, 2mg, 4mg   | Yes                 | QL: 4 per day (1mg and 2mg)<br>QL: 2 per day (4mg only) |
| Diabinese <sup>®</sup>                         | Chlorpropamide            | Tabs: 100mg, 250mg  | No                  | PA Required   |
| Glucotrol <sup>®</sup>                         | Glipizide                 | Tabs: 5mg, 10mg   | Yes                 | None  |
| Glucotrol XL <sup>®</sup>                      | Glipizide                 | ER Tabs: 2.5mg, 5mg, 10mg   | Yes                 | None  |
| Glynase PresTab <sup>®</sup>                   | Glyburide                 | Micronized Tabs: 1.5mg, 3mg, 6mg  | Yes                 | None  |
| Micronase <sup>®</sup><br>Diabeta <sup>®</sup> | Glyburide Micronized      | Tabs: 1.25mg, 2.5mg, 5mg  | No                  | PA Required   |
| Orinase <sup>®</sup>                           | Tolbutamide               | Tabs: 500mg   | No                  | PA Required   |
| Tolinase <sup>®</sup>                          | Tolazamide                | Tabs: 250mg, 500mg  | No                  | PA Required   |
| <b>Thiazolidinediones (TZDs)</b>               |                           |   |                     |   |
| Actos <sup>®</sup>                             | Pioglitazone              | Tabs: 15mg, 30mg, 45mg  | Yes                 | QL: 1 per day   |
| Avandia <sup>®</sup>                           | Rosiglitazone maleate     | Tabs: 2mg, 4mg  | No                  | PA Required   |
| <b>Dopamine Receptor Agonist</b>               |                           |   |                     |   |
| Cycloset <sup>®</sup>                          | Bromocriptine mesylate    | Tabs: 0.8mg   | No                  | PA Required   |
| <b>Bile Acid Sequestrant</b>                   |                           |   |                     |   |
| Welchol <sup>®</sup>                           | Colesevelam               | Tabs: 625mg<br>Powder Packet: 3750mg                                    | No                  | PA Required   |
| <b>GLP-1 Agonist</b>                           |                           |   |                     |   |
| Rybelsus <sup>®</sup>                          | Semaglutide               | Tab: 3mg, 7mg, 14mg   | No                  | PA Required   |
| <b>Combination Products</b>                    |                           |   |                     |   |
| ACTOplus met <sup>®</sup>                      | Pioglitazone/metformin    | Tabs: 15mg/850mg  | Yes                 | QL: 2 per day   |
| Duetact <sup>®</sup>                           | Pioglitazone/glimepiride  | Tabs: 30mg/2mg,<br>30mg/4mg   | No                  | PA Required   |
| Glucovance <sup>®</sup>                        | Glyburide/metformin       | Tabs (generic only):<br>1.25mg/250mg,<br>2.5mg/500mg, 5mg/500mg         | Yes                 | None  |
| Glyxambi <sup>®</sup>                          | Empagliflozin/linagliptin | Tabs: 10mg/5mg,<br>25mg/5mg   | No                  | PA Required   |
| Invokamet <sup>®</sup>                         | Canagliflozin/metformin   | Tabs: 50mg/500mg,<br>50mg/1000mg,<br>150mg/500mg,<br>150mg/1000mg       | No                  | PA Required   |
| Invokamet XR <sup>®</sup>                      | Canagliflozin/metformin   | IR/ER Tabs: 50mg/500mg,<br>50mg/1000mg,<br>150mg/500mg,<br>150mg/1000mg | No                  | PA Required   |
| Janumet <sup>®</sup>                           | Sitagliptin/metformin     | Tabs: 50mg/500mg,<br>50mg/1000mg  | No                  | PA Required   |

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|----------------|-------------------------------------|--|---------------------|---|
| 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   |
| 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   |
| 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   | No                  | 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=Elixer, 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,

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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](http://www.pshp.com)*