



**GEORGIA MEDICAID FEE-FOR-SERVICE  
DIABETIC SUPPLIES, INSULIN PENS, OR CARTRIDGES PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Abbott Test Strips (FreeStyle, FreeStyle Lite, FreeStyle InsuLinx, Precision) Humalog 100 units/mL pens/cartridges Humalog Mix 50/50 pens/cartridges Humalog Mix 75/25 pens/cartridges Humulin N pens/cartridges Humulin R U-500 pens/cartridges Humulin 70/30 pens/cartridges Insulin syringes Lancet devices and lancets Lantus pens/cartridges Levemir pens/cartridges Pen needles Precision Xtra Beta Ketone Test Strips	Apidra pens/cartridges Humalog 200 units/mL pens/cartridges Novolog pens/cartridges Novolog Mix 70/30 pens/cartridges Toujeo pens/cartridges Tresiba pens/cartridges

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**

- ❖ Preferred insulin pens and cartridges do not require prior authorization for members younger than 21 years of age.
- ❖ Please refer to the covered diabetic supplies listing for covered NDCs located at: [www.mmis.georgia.gov](http://www.mmis.georgia.gov) → Pharmacy → Other Documents → Covered Insulin Syringes and Pen Needles.
- ❖ For preferred test strips and lancets, the pharmacy can submit the claim with an ICD-10 code for gestational diabetes (O24.410, O24.414, O24.419, O24.420, O24.424, O24.429, O24.430, O24.434, O24.439, O99.810, O99.814, or O99.815) to bypass edit 75 (PA).

**PA CRITERIA:**

*All Humalog (except 200 units/mL), Humulin, Lantus and Levemir Pens/Cartridges*

- ❖ Approvable for members with poor visual acuity or problems with manual dexterity.

*Apidra and Novolog Pens/Cartridges*

- ❖ Approvable for members with poor visual acuity or problems with manual dexterity and who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects with the preferred product, Humalog.

*Novolog Mix Pens/Cartridges*

- ❖ Approvable for members with poor visual acuity or problems with manual dexterity and who have experienced ineffectiveness, allergies,



contraindications, drug-drug interactions, or a history of intolerable side effects with the preferred product, Humalog Mix 75/25.

*Humalog 200 units/mL Pens/Cartridges*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Humalog 100 units/mL vials and pens, are not appropriate for the member.

*Toujeo Pens/Cartridges*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Lantus vials and pens, are not appropriate for the member.

*Tresiba Pens/Cartridges*

- ❖ Approvable for members that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to the preferred products, Lantus and Levemir.

*Pen Needles*

- ❖ Approvable for members using insulin pen/cartridge, Forteo, Byetta, Victoza, SymlinPen, or growth hormone.

*Insulin Syringes*

- ❖ Approvable for members using with insulin vial or growth hormone.

*Test Strips and Lancets*

- ❖ Approvable for members who are currently receiving a diabetic medication or are pregnant.

**QLL CRITERIA:**

*Test Strips and Lancets*

- ❖ Faxed documentation of member's hemoglobin A1C result completed within last 6 months must be submitted. An authorization to exceed the QLL may be granted for members with a hemoglobin A1c level of 7 or higher who test more than 5 times per day. If the hemoglobin A1c level is less than 7, a written letter of medical necessity must be submitted stating the reasons that testing blood glucose more than 5 times per day is required.

*Insulin Syringes*

- ❖ An authorization to exceed the QLL may be granted for members who use more than 4 insulin syringes per day.

*Pen Needles*

- ❖ An authorization to exceed the QLL may be granted for members who use more than 4 pen needles per day.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.