



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

Preferred	Non-Preferred
Abbott Test Strips (FreeStyle, FreeStyle Lite, FreeStyle InsuLinx, Precision) Glucagon injection generic except kit by Fresenius (NDC 63323-0582-82)* Glucagen (glucagon injection)* Humalog 100 units/mL pens/cartridges (insulin lispro) Humalog Mix 50/50 pens/cartridges (insulin lispro/lispro protamine) Humalog Mix 75/25 pens/cartridges (insulin lispro/lispro protamine) Humulin 70/30 pens/cartridges (insulin NPH/regular) Humulin R U-500 pens/cartridges (insulin regular concentrate) Insulin aspart pens/cartridges generic Insulin aspart/aspart protamine mix 70/30 pens/cartridges generic Insulin lispro 100 units/mL pens/cartridges generic Insulin lispro/lispro protamine mix 75/25 pens/cartridges generic Insulin syringes Lancet devices and lancets Lantus pens/cartridges (insulin glargine 100 units/mL)* Levemir pens/cartridges (insulin detemir)* Novolin N pens/cartridges (insulin NPH) Novolin R pens/cartridges (insulin regular) Novolog pens/cartridges (insulin aspart) Novolog Mix 70/30 pens/cartridges (insulin aspart/aspart protamine) Pen needles Precision Xtra Ketone Test Strips	Apidra pens/cartridges (insulin glulisine) Baqsimi (glucagon nasal powder) Basaglar pens/cartridges (insulin glargine 100 units/mL) Fiasp pens/cartridges (insulin aspart with niacinamide) Gvoke (glucagon injection) Humalog 200 units/mL pens/cartridges (insulin lispro) Humulin N pens/cartridges (insulin NPH) Lyumjev pens/cartridges (insulin lispro-aabc) Novolin 70/30 pens/cartridges (insulin NPH/regular) Semglee pens/cartridges (insulin glargine 100 units/mL) Toujeo pens/cartridges (insulin glargine 300 units/mL) Tresiba pens/cartridges (insulin degludec)

*Does not require PA; The drug names above include all available pen/cartridge/syringe formulations under the same primary name unless otherwise stated.

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Glucagon generic, Glucagen, Lantus and Levemir pens/cartridges do not require prior authorization (PA). Other preferred insulin pens/cartridges do not require PA for members younger than 21 years of age. Non-preferred insulin pens/cartridges require PA for all ages.
- Please refer to the covered diabetic supplies listing for covered NDCs located at: 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 reject 75 (PA).



PA CRITERIA:

Test Strips and Lancets

- ❖ Approvable for members with a diagnosis of type 1, type 2 or gestational diabetes.

Insulin Syringes

- ❖ Approvable for members using with insulin, desmopressin/DDAVP, enoxaparin/Lovenox, Epogen, Granix, Leukine, Neupogen, Nivestym or growth hormone vials.

Pen Needles

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

Humalog Pens/Cartridges except 200 units/mL, Humulin 70/30 Pens/Cartridges, Humulin R U-500, Insulin Aspart Pens/Cartridges Generic, Insulin Aspart/Aspart Protamine Mix 70/30 Pens/Cartridges Generic, Insulin Lispro 100 units/mL Pens/Cartridges Generic, Insulin Lispro/Lispro Protamine Mix 75/25 Pens/Cartridges Generic, Novolin N Pens/Cartridges, Novolin R Pens/Cartridges, Novolog Pens/Cartridges and Novolog Mix 70/30 Pens/Cartridges

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

Apidra Pens/Cartridges

- ❖ Approvable for members or members with caregivers with poor visual acuity or problems with manual dexterity and who have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with the preferred products, Humalog/generic insulin lispro 100 units/mL pens/cartridges and Novolog/generic insulin aspart pens/cartridges.

Baqsimi and Gvoke

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic glucagon injection and brand Glucagen injection with training on proper use, are not appropriate for the member.

Basaglar, Semglee and Toujeo Pens/Cartridges

- ❖ For members or members with caregivers with poor visual acuity or problems with manual dexterity, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Lantus pens/cartridges and Levemir pens/cartridges, are not appropriate for the member.

Fiasp Pens/Cartridges, Humalog 200 units/mL and Lyumjev Pens/Cartridges

- ❖ For members or members with caregivers with poor visual acuity or problems with manual dexterity, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Humalog/generic insulin lispro 100 units/mL pens/cartridges and Novolog/generic insulin aspart pens/cartridges, are not appropriate for the member.



Novolin 70/30 Pens/Cartridges

- ❖ For members or members with caregivers with poor visual acuity or problems with manual dexterity, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Humulin 70/30 vials and pens/cartridges, is not appropriate for the member.

Tresiba Pens/Cartridges

- ❖ Approvable for members less than 2 years of age with caregivers with poor visual acuity or problems with manual dexterity.
- ❖ Approvable for members 2 years of age or older who have poor visual acuity or problems with manual dexterity or members with caregivers who have poor visual acuity or problems with manual dexterity and who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with the preferred products, Lantus and Levemir.

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



www.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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.