



**GEORGIA MEDICAID FEE-FOR-SERVICE  
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS' PA SUMMARY**

Preferred	Non-Preferred
Humalog vials (insulin lispro) Humalog Mix 75/25 vials (insulin lispro/lispro protamine) Humalog Mix 50/50 vials (insulin lispro/lispro protamine) Humulin 70/30 vials (insulin NPH/regular) Humulin N vials (insulin NPH) Humulin R U-100 vials (insulin regular) Humulin R U-500 vials (insulin regular concentrate) Insulin aspart vials generic Insulin aspart/aspart protamine mix 70/30 vials generic Insulin lispro vials generic Lantus vials (insulin glargine) Levemir vials (insulin detemir) Novolog vials (insulin aspart) Novolog Mix 70/30 vials (insulin aspart/aspart protamine)	Afrezza (insulin inhalation powder) Apidra vials (insulin glulisine) Fiasp vials (insulin aspart with niacinamide) Lyumjev vials (insulin lispro-aabc) Novolin 70/30 vials (insulin NPH/regular) Novolin N vials (insulin NPH) Novolin R vials (insulin regular) Semglee vials (insulin glargine) Tresiba vials (insulin degludec)

**LENGTH OF AUTHORIZATION:** 1 year; except for Afrezza Titration Pack, which is for one time only.

**PA CRITERIA:**

Afrezza

- ❖ Approvable for members 18 years or older with type 1 diabetes mellitus who are currently using a long-acting insulin and who have experienced ineffectiveness while on a short-acting insulin and a longer-acting insulin used in combination.
- ❖ Approvable for members 18 years or older with type 2 diabetes mellitus who have experienced ineffectiveness while on two or more oral antidiabetic agents used in combination and who are visually or physically impaired and unable to inject insulin.
- ❖ In addition, members must not have chronic obstructive pulmonary disease (COPD) and must not be a current smoker.

Apidra Vials

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to two of the therapeutically similar preferred products.

Fiasp Vials and Lyumjev Vials

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Novolog vials/generic insulin aspart vials and Humalog vials/generic insulin lispro vials, are not appropriate for the member.



Novolin 70/30 Vials

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Humulin 70/30 vials, is not appropriate for the member.

Novolin N Vials

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Humulin N vials, is not appropriate for the member.

Novolin R Vials

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Humulin R U-100 vials, is not appropriate for the member.

Semglee Vials

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

Tresiba Vials

- ❖ Approvable for members less than 2 years of age.
- ❖ Approvable for members 2 years of age or older who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Lantus and Levemir.

**QLL CRITERIA:**

- ◆ Prescriber must confirm that member's weight and daily insulin requirements justify an increased quantity. In addition, member must have had an HbA1c level measured in the past year.

**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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.