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

<table>
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<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tr>
<td>Abbott Test Strips (FreeStyle, FreeStyle Lite, FreeStyle InsuLinx, Precision)</td>
<td>Apidra pens/cartridges</td>
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<tr>
<td>Humalog 100 units/mL pens/cartridges</td>
<td>Basaglar pens/cartridges (insulin glargine 100 units/mL)</td>
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<tr>
<td>Humalog Mix 50/50 pens/cartridges</td>
<td>Humalog 200 units/mL pens/cartridges (insulin lispro)</td>
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<td>Humalog Mix 75/25 pens/cartridges</td>
<td>Humulin N pens/cartridges</td>
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<td>Humulin R U-500 pens/cartridges</td>
<td>Humulin 70/30 pens/cartridges</td>
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<td>Insulin syringes</td>
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<td>Lancet devices and lancets</td>
<td>Novolog Mix 70/30 pens/cartridges</td>
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<td>Lantus pens/cartridges*</td>
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<td>Levemir pens/cartridges*</td>
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<td>Pen needles</td>
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<td>Precision Xtra Beta Ketone Test Strips</td>
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*Does not require PA.

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**
- 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.
- Criteria for Soliqua and Xultophy are located in the Antidiabetic Agents PA Summary.
- 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.

**PA CRITERIA:**

*Test Strips and Lancets*
- Approvable for members who are currently receiving a diabetic medication or are pregnant.

*Insulin Syringes*
- Approvable for members using with insulin vial or growth hormone.

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

*Humalog Pens/Cartridges except 200 units/mL and Humulin R U-500 Pens/Cartridges*

Revised 7/1/2018
Approvable for members with poor visual acuity or problems with manual dexterity.

**Humalog 200 units/mL Pens/Cartridges**
- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Humalog 100 units/mL, is not appropriate for the member.

**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 100 units/mL.

**Humulin 70/30 and Novolog Mix 70/30 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.

**Humulin N 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, Lantus or Levemir.

**Basaglar and 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 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 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.

Revised 7/1/2018
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.