

Medicaid Diabetes Medication Coverage

Insulin

No PA Required

Long-acting (basal)

- Lantus
- Rezvoglar
- Glargine-yfgn

Rapid-acting (bolus)

- Humalog, Humalog Jr
- Insulin Lispro, Insulin Lispro Jr
- Novolog
- Admelog

Step Therapy

Step therapy on this chart indicates that if certain criteria are met, listed medication will be covered without additional PA request paperwork required.

This chart covers medication criteria for diabetes. Criteria for other indications at this link: [OHP PA criteria \(all indications\)](#)

No PA required

- Metformin IR, ER 500mg & 750mg (biguanide)
- Pioglitazone (thiazolidinedione)
- Glyburide, Glipizide IR & ER, Glimepiride (sulfonylurea)

Step 1 Therapy

- [Ertugliflozin](#) (SGLT-2 Inhibitor, Steglatro) and/or
- [Alogliptin](#) (DPP-4 Inhibitor)
 - Step therapy criteria requires trial of **metformin and pioglitazone or sulfonylurea**
 - If this criteria is not met, please submit a prior authorization request
- [Dapagliflozin](#) (SGLT-2 Inhibitor) – **Requires PA** for Diabetes, CHF, CKD stage 2-4 (see below)

Step 2 Therapy

- [Liraglutide](#) (GLP-1 Agonist)
 - Step therapy criteria require trial of **SGLT2 inhibitor or DPP-4 inhibitor** (trial of step 1 therapy)
 - If this criteria is not met, please submit a prior authorization request, including for diabetes with obstructive sleep apnea

PA required

- [Dapagliflozin](#) (SGLT-2 Inhibitor) – Requires PA for Diabetes, CHF, CKD stage 2-4
- PA criteria for Diabetes: 1) established ASCVD or 2) trial of **metformin and pioglitazone or sulfonylurea**
- [Trulicity, Ozempic, Mounjaro for Diabetes \(GLP-1 Agonist\)](#)
 - PA criteria require trial of **metformin and 2 of the following: sulfonylurea, pioglitazone, alogliptin, SGLT-2**

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Formulary Status	Max day supply	Class	Medications	Dosing	Considerations
Formulary	90	Biguanide	Metformin IR and ER	500-2,000 mg total daily dose	Preferred initial therapy for most DM2 patients
Formulary	90	TZD	Pioglitazone	15-45 mg once daily	Can cause or exacerbate CHF in some patients – avoid use in those patients
Formulary	90	Sulfonylurea	Glimepiride, Glipizide, Glyburide	Varies	Can cause hypoglycemia
Step Therapy	34	SGLT-2 Inhibitor	Steglatro	5-15mg once daily	Ertugliflozin Criteria (Steglatro)
Step Therapy	34	DPP-4 Inhibitor	Alogliptin	25mg once daily	Alogliptin Criteria
Step Therapy	34	GLP-1 Agonist	Liraglutide	See FDA label for DM treatment doses	Liraglutide criteria
PA	34	SGLT-2 Inhibitor	Dapagliflozin	5-10mg once daily	Dapagliflozin PA Criteria (generic Farxiga)
PA	28	GLP-1 Agonists	Ozempic, Trulicity, Mounjaro	See FDA label for DM treatment doses	GLP-1 PA Criteria
Insulin					
Formulary	90	Long-acting/ intermediate acting insulin	Lantus, Glargine YFGN, Rezvoglar, Novolin N, Humulin N	Varies	Pen and vials covered when applicable
Formulary	90	Rapid-acting/ Short-acting insulin	Humalog, Insulin Lispro, Novolog, Admelog, Novolin R, Humulin R, Humalog Jr Flexpen, Insulin Lispro Jr Kwikpen	Varies	Pen and vials covered when applicable. Cartridge covered for Humalog in addition to pen and vial. Please see formulary for full list of covered insulins, including mixes