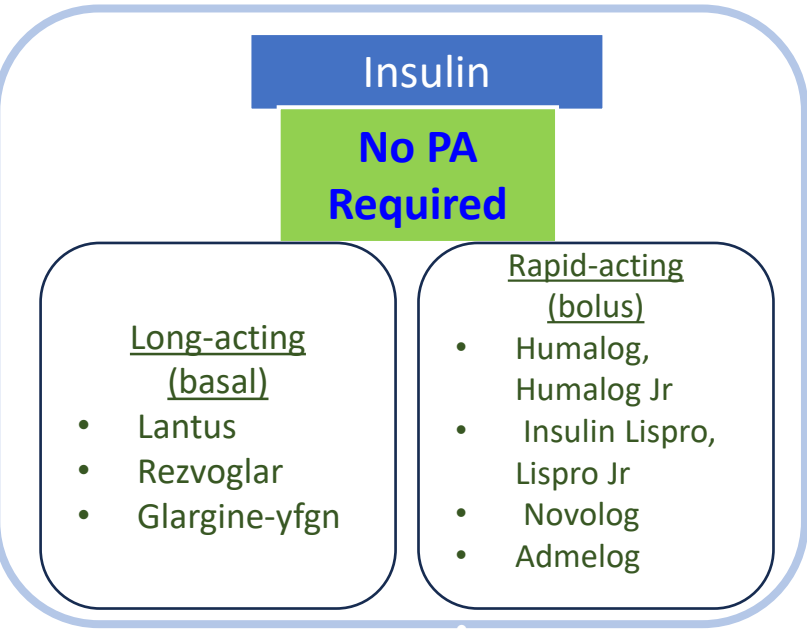


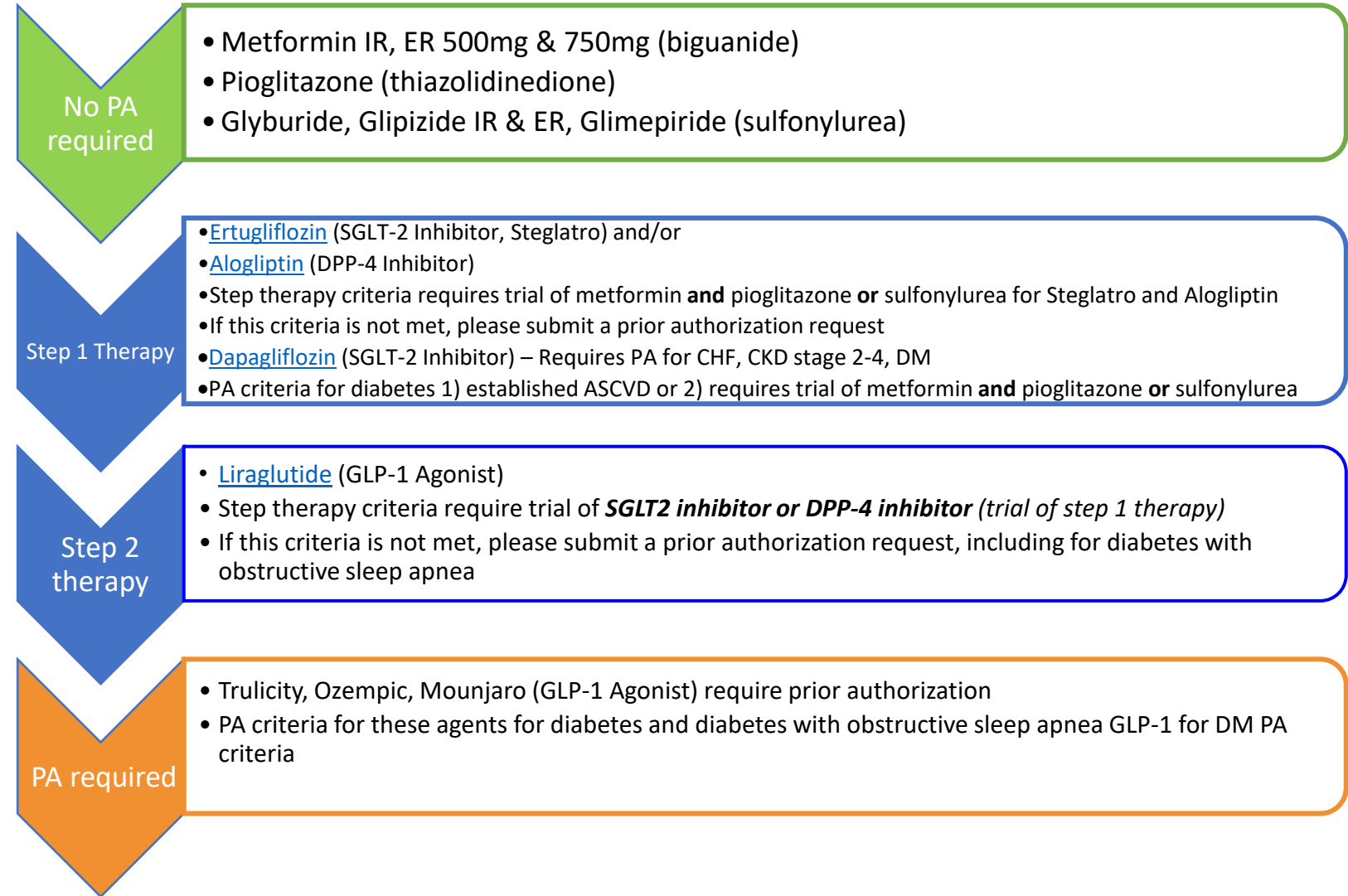
Medicaid Diabetes Medication Coverage



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 \(all indications\)](#)



Medicaid Diabetes Medication Coverage

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 Step 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.