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Simplified Prescription of Diabetes Technology and Medications







The Ohio Department of Medicaid (ODM) maintains the <u>Unified Preferred Drug</u>
<u>List</u>¹ and <u>Preferred Diabetic Supply List</u>,² which consolidate lists from individual Medicaid managed care plans into one.² These tools are essential components of diabetes care, simplifying clinicians' prescription of technology and medications to help patients reach glycemic targets and diabetes goals.

The American Diabetes Association Standards of Medical Care recommends therapeutic choices based on glucose and weight loss goals; comorbidities and risk factors; as well as patient-centered factors, such as cost, preferences, and capabilities (Table 1). ^{1,3} Medication intensification, in addition to lifestyle modification, glucose monitoring, and diabetes self-management education and support, may help patients reach glycemic goals.

Diabetes technology is defined as the devices and systems people with diabetes use to manage their condition — including glucometers, and continuous glucose monitors and related supplies.⁴ Obtaining and correctly using a home glucose monitoring device is a key part of comprehensive management of diabetes by patients and clinicians. Choice of monitoring device should be individualized based on patient factors and should align with patient goals for care (Table 2).^{2,4}

For more information, access Cardi-OH's expanded resources on <u>continuous glucose</u> <u>monitoring</u>, <u>pharmacologic treatment in diabetes</u>, and <u>outpatient management of diabetes</u>.

Table 1. 2025 Ohio Medicaid Preferred Diabetes Drug List^{1a}

Non-Insulin	
Drug Class	Preferred
Metformin and combination	Actoplus Met XR (pioglitazone/metformin), glipizide/ metformin, glyburide/metformin, Jentadueto (linagliptin/ metformin), Janumet (sitagliptin/metformin), Janumet XR, Jentadueto (linagliptin/metformin), metformin, metformin ER (generic of Glucophage XR), pioglitazone/metformin, Synjardy (empagliflozin/metformin), Xigduo XR (dapagliflozin/metformin)
Sulphonylurea SFU	glimepiride, glipizide, glyburide
Glucagon-like peptide-1 receptor agonist GLP-1 RA	Byetta (exenatide), Trulicity (dulaglutide), Victoza (liraglutide)
Sodium-glucose cotransporter-2 inhibitor SGLT2i	Farxiga (dapagliflozin), Jardiance (empagliflozin)
Dipeptidyl peptidase-4 inhibitor DPP-4i	Januvia (sitagliptin), Tradjenta (linagliptin)
Thiazolidinedione TZD	pioglitazone
Alpha glucosidase inhibitor AGI	acarbose, miglitol
•••••	nateglinide, repaglinide
Insulin	
Drug Class	Preferred
Basal	Lantus (glargine), Levemir (detemir), Toujeo (glargine U-300), Tresiba (degludec) ^s
Bolus	Apidra (glulisine), Humalog (lispro) U-100, Humulin R (regular insulin) U-500, lispro, Novolog (aspart) U100
Premix	Humalog 50/50 (lispro protamine/lispro), Humalog 75/25 (lispro protamine/lispro), Humulin 70/30 (insulin isophane/regular insulin), aspart protamine/aspart

Step therapy. As of July 1, 2025.

Table 2. 2025 Ohio Medicaid Preferred Diabetic Supply List^{2a}

Supplies	Preferred
Blood glucose meters	TRUE METRIX®, TRUE METRIX® Air, ReliOn TRUE METRIX®
Test strips	TRUE METRIX®, ReliOn TRUE METRIX®
Continuous glucose monitors [∆]	FreeStyle Libre 14-Day Sensor/Reader, FreeStyle Libre 2 Sensor/ Reader, FreeStyle Libre 3 Sensor/Reader, FreeStyle Libre 2 Plus Sensor, FreeStyle Libre 3 Plus Sensor, Dexcom G6 Receiver/Sensor/ Transmitter, Dexcom G7 Sensor/Transmitter
External diabetes devices	Omnipod DASH Pods, Omnipod 5 DexG7G6 Intro Kit/Pods (Gen 5), Omnipod 5 Libre 2 Plus G6 Intro Kit/Pods (Gen 5), Omnipod GO Pods (10-40 units/day), V-GO 20-40

 Δ ODM's CGM utilization standards can be found in $\underline{\text{OAC 5160-10-36}}.^5$ *As of April 2025.

lowercase = generic; capitalized = brand name.

Reference

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