

Insulin

<i>Product Name</i>	<i>Preferred Drug List</i>	<i>Medicaid</i>	<i>Health Choice</i>	<i>ABW: Wayne, Macomb</i>	<i>Plan B: Wayne, Macomb</i>
Novolin		FA	FA	FA	FA
Novolog	√ (Vials)	FA	FA	FA	FA
Lantus	√ (Vials)	FA	FA	FA	FA
Levemir	√ (Vials)	FA	FA	FA	FA

FlexPen require PA

Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*PA = Prior Authorization required

*NF = Not on Formulary

*ST = Step Therapy

*QL = Quantity Limits

Prior Authorization required for penfill and Flex pen insulin products