

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Sulfonylureas

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Sulfonylureas

APPROVAL CRITERIA

Requests for sulfonylureas may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to metformin(AACE/ACE 2019);
OR
- II. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m²)];

AND

- III. Individual will not use sulfonylureas in combination with meglitinide agents [Starlix (nateglinide), repaglinide/metformin, or Prandin (repaglinide)].

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 3, 2020.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Garber AJ, Abrahamson MJ, Barzilay JI, et. al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management Algorithm – 2019 Executive Summary. *Endocrine Practice*. 2019;25:69-100.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

CRX-ALL-0587-20

PAGE 1 of 2 08/24/2020
New Program Date 11/05/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

- US Food and Drug Administration. FDA Drug Safety Communication: FDA revises warnings regarding use of the diabetes medicine metformin in certain patients with reduced kidney function. Last updated: November 14, 2017. Available at <https://www.fda.gov/Drugs/DrugSafety/ucm493244.htm>. Accessed: January 2, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.