

Prior Authorization DRUG Guidelines

Diabetic Drug Policy

Effective Date: 11/25/16

Date Developed: 11/25/16 by Catherine R. Sanders, MD and Robert Sterling, MD

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This is a generic policy for authorizing the many different classes of diabetic drugs on the market.

Pre-Authorization Criteria:

Patient must have Diabetes Type I or II or prediabetes as diagnosed per the ADA guidelines.

First line drug is Metformin. The patient must have tried Metformin along with lifestyle changes and weight loss and failed to lower HGBA1C to acceptable levels prior to approving a second line drug. If Metformin was used and side effects occurred, patient must have tried starting on lower dosage and slowing increasing the dose.

Second line drugs, in accordance with the American Association of Clinical Endocrinologists, are any of the other classes of diabetes drugs.

This may be based on advantages such as improved lipid profile (Insulin and Thiazolidinedione), weight loss (GLP-1 agonist, Pramlintide, SGLT2 inhibitor), weight neutral (Alpha-glucosidase inhibitor, DPP-4 inhibitor), rapid effectiveness (Sulfonylurea, Glinide), or based on disadvantages such as multiple injections (Insulin), weight gain (Sulfonylurea, Thiazolidinedione, Glinide), hypoglycemia (Insulin, Sulfonylurea, Glinide), GI side effects (GLP-1 agonist, Alpha-glucosidase inhibitor, Pramlintide), expense (Insulin analogues, Thiazolidinedione, GLP-1 agonist, Alpha-glucosidase inhibitor, Glinide, Pramlintide, DPP-4 inhibitor)

Exceptions:

Metformin does not need to be tried prior to another medication in patients with impaired renal function (estimated glomerular filtration rate [eGFR] 30mL/min).

References:

UpToDate: Metformin in the treatment of adults with type 2 diabetes mellitus
American Diabetes Association (ADA) Guidelines for treatment of diabetes mellitus
American Association of Clinical Endocrinologists Clinical Practice Guidelines

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