

Gateway Health
Prior Authorization Criteria
DPP-IV and SGLT2 Inhibitors

All requests for DPP-IV and SGLT2 Inhibitors require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

DPP-IV and SGLT2 Inhibitors Prior Authorization Criteria:

Disclaimer: All requests for formulary DPP-IV and SGLT2 Inhibitors require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Members with historical pharmacy claims data meeting the following criteria will receive automatic authorization at the pharmacy point of service without the requirement for documentation of additional information. If pharmacy claims data cannot obtain the criteria below, documentation will be required to indicate the member meets the criteria. Claims will automatically adjudicate on-line, without a requirement to submit for prior authorization when the following criteria is met:

- Must meet one of the following:
 - Member has at least 1 fill of the requested medication in the past 45 days
 - Member has tried and failed a minimum of a 30 day trial or had an intolerance to one of the following:
 - Glucophage (metformin)
 - Glucophage XR (metformin ER)
 - Glucovance (metformin/glyburide)
 - Metaglip (metformin/glipizide)
 - Avandamet (metformin/rosiglitazone)
 - Actoplus Met (pioglitazone/metformin)
 - Amaryl (glimepiride)
 - Duetact (glimepiride/pioglitazone)
 - DiaBeta, Glynase, Micronase (glyburide)
 - Glucotrol, Glucotrol XL (glipizide)
- When criteria has been met, benefit of coverage will be for 12 months.

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.