

Glimepiride 3mg

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Glimepiride 3mg	May be subject to quantity limit

APPROVAL CRITERIA

Individuals requesting glimepiride 3mg must also meet the following criteria:

- I. Individual has had a trial of generic glimepiride. Medication samples/coupons/discount cards are excluded from consideration as a trial; **AND**
- II. Documentation is provided that individual is unable to achieve glycemic control with the available generic glimepiride strengths (1 mg, 2 mg, 4 mg).

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: April 3, 2024.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
4. Samson SL, Vellanki P, Blonde L, et. al. American Association of Clinical Endocrinologists (AACE) Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update. *Endocrine Practice*. 2023;29:305-340.
5. 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: March 31, 2024.

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.

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