



Updated: 03/2018
DMMA Approved: 03/2018

Request for Prior Authorization for Incretin Mimetic Agents
Website Form – www.highmarkhealthoptions.com
Submit request via: Fax - 1-855-476-4158

All requests for Incretin Mimetic Agents require a Prior Authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Incretin Mimetic Agent Prior Authorization Criteria:

Incretin Mimetic Agents

- Dipeptidyl peptidase IV (DPP-IV) inhibitors are oral agents that enhance the body's ability to lower elevated blood sugars. They inhibit the degradation of glucagon-like peptide (GLP-1) resulting in elevations in circulating levels which stimulate insulin secretion while inhibiting glucagon secretion.
- GLP-1 receptor agonists are injectable agents which activate GLP-1 receptors and slow food absorption while improving insulin production.

For all requests for Incretin Mimetic Agents all of the following criteria must be met:

- The member must have a diagnosis of type 2 diabetes mellitus
- The member must be 18 years or older
- For all requests the member must try a preferred agent first or provide documentation of failure with a preferred agent

DPP-IV Receptor Agonists Prior Authorization Criteria:

- The member must have tried and failed for a minimum of 3 months all of the following:
 - Any version of metformin or a combination metformin unless the member has a documented intolerance or contraindication
 - A glucagon-like peptide-1 (GLP-1) receptor agonist unless the member has a documented intolerance or contraindication (**GLP-1 receptor agonists require a prior authorization**)
 - A Sodium Glucose Co-Transporter 2 Inhibitor unless the member has a documented intolerance or contraindication
- **Initial Duration of Approval:** 12 months

GLP-1 Receptor Agonists Prior Authorization Criteria:

- There must be documentation of a recent (within 6 months) A1C level
 - If the A1C is < 7.5% the member must have tried and failed a minimum of a 3 month trial or had an intolerance or contraindication to any version of metformin or a combination metformin product



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- If the A1C is $\geq 7.5\%$ documentation that GLP-1 agonist will be used in combination with another antihyperglycemic therapy
- **Initial Duration of Approval:** 12 months