

Market Applicability/Effective Date													
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	N/A	N/A	NA

*FHK- Florida Healthy Kids

Meglitinide

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Prandin (repaglinide)	May be subject to quantity limit
Prandimet (repaglinide/metformin)	
Starlix (nateglinide)	

APPROVAL CRITERIA

Requests for Prandin (repaglinide), Prandimet (repaglinide/metformin) or Starlix (nateglinide) may be approved for individuals who meet the following criteria:

- I. Individual has had a trial and inadequate response or intolerance to metformin; **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 Starlix, Prandimet, Prandin, or Repaglinide

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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.