

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Sulfonylureas

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Sulfonylureas

APPROVAL CRITERIA

Requests for sulfonylureas may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as 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 meglitinide agents [Starlix (nateglinide), repaglinide/metformin, or Prandin (repaglinide)].

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

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: July 9, 2018.
2. Garber AJ, Abrahamson MJ, Barzilay JI, et. al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management Algorithm – 2018 Executive Summary. *Endocrine Practice*. 2018;24:91-120.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

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- 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: July 9, 2018.