

Prior Authorization DRUG Guidelines

Diabetic Drug Policy

Effective Date: 11/25/16

Date Developed: 11/25/16 by Catherine R. Sanders, MD and Robert Sterling, MD

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This is a generic policy for authorizing the many different classes of diabetic drugs on the market.

Pre-Authorization Criteria:

Patient must have Diabetes Type I or II or prediabetes as diagnosed per the ADA guidelines [see below]

First line drug is Metformin. The patient must have tried Metformin along with lifestyle changes and weight loss for at least three months and failed to lower HGBA1C to acceptable levels prior to approving a second line drug. If Metformin was used and side effects occurred, patient must have tried starting on lower dosage and slowing increasing the dose.

Second line drugs, in accordance with the American Association of Clinical Endocrinologists, are any of the other classes of diabetes drugs.

This may be based on advantages such as improved lipid profile (Insulin and Thiazolidinedione), weight loss (GLP-1 agonist, Pramlintide, SGLT2 inhibitor), weight neutral (Alpha-glucosidase inhibitor, DPP-4 inhibitor), rapid effectiveness (Sulfonylurea, Glinide), or based on disadvantages such as multiple injections (Insulin), weight gain (Sulfonylurea, Thiazolidinedione, Glinide), hypoglycemia (Insulin, Sulfonylurea, Glinide), GI side effects (GLP-1 agonist, Alpha-glucosidase inhibitor, Pramlintide), expense (Insulin analogues, Thiazolidinedione, GLP-1 agonist, Alpha-glucosidase inhibitor, Glinide, Pramlintide, DPP-4 inhibitor)

Exceptions:

Metformin does not need to be tried prior to another medication in patients with impaired renal function (estimated glomerular filtration rate [eGFR] 30mL/min).

ADA Guidelines: Criteria for Prediabetes and Diabetes Diagnosis

https://www.labce.com/spg3921332_ada_guidelines_criteria_for_prediabetes_and_diabet.aspx

The current ADA guidelines include recommendations for screening and diagnosis of prediabetes and diabetes are seen in **Table 3**. The ADA recommends using any of these criteria for prediabetes and diabetes diagnosis.

Table 3. *Criteria for the Screening and Diagnosis of Prediabetes and Diabetes.*

	Prediabetes	Diabetes
A1C	5.7–6.4% (39–47 mmol/mol)	≥6.5% (48 mmol/mol) [†]
Fasting plasma glucose (FPG)	100–125 mg/dL (5.6–6.9 mmol/L)	≥126 mg/dL (7.0 mmol/L) [†]
2-hour plasma glucose during 75-g OGTT	140–199 mg/dL (7.8–11.0 mmol/L)	≥200 mg/dL (11.1 mmol/L) [†]
Random plasma glucose	N/A	≥200 mg/dL (11.1 mmol/L) [‡]

[†]In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results (e.g., A1C and FPG) from the same sample or in two separate samples.

[‡]Only diagnostic in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis.

4. American Diabetes Association. "Standards of Medical Care in Diabetes—2024." *Clinical Diabetes*, vol 47, issue 1, January 2024. https://diabetesjournals.org/care/issue/47/Supplement_1.

References:

UpToDate: Metformin in the treatment of adults with type 2 diabetes mellitus
American Diabetes Association (ADA) Guidelines for treatment of diabetes mellitus
American Association of Clinical Endocrinologists Clinical Practice Guidelines

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/23/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/22/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
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2/13/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
2/18/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Added “ADA guidelines: Criteria for Prediabetes and Diabetes Diagnosis” Updated to allow patient to try metformin along with lifestyle changes and weight loss “for at least 3 months”