

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Hypoglycemics, SGLT2 Inhibitors

A. Prescriptions That Require Prior Authorization

All prescriptions for Hypoglycemics, SGLT2 Inhibitors must be prior authorized.

1. See Preferred Drug List (PDL) for the list of Hypoglycemics, SGLT2 Inhibitors at:
www.providersynergies.com/services/documents/PAM_PDL.pdf
2. See Quantity Limits for the list of Hypoglycemics, SGLT2 Inhibitors with quantity limits at:
<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Hypoglycemic, SGLT2 Inhibitor, the determination of whether the requested prescription is medically necessary will take into account the following:

1. Whether the recipient:
 - a. Has a diagnosis of Type 2 Diabetes Mellitus

AND

 - b. Is 18 years of age or older

AND

 - c. Has a documented history of:
 - i. Failure to achieve glycemetic control as evidenced by the recipient's HbA1c values using maximum tolerated doses of metformin in combination with maximum tolerated doses of the second line agents used to treat Type 2 diabetes, in accordance with the most recent American Diabetes Association (ADA) guidelines

OR

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- ii. A contraindication or intolerance to metformin and the second line agents used to treat Type 2 diabetes, in accordance with the most recent ADA guidelines

AND

- d. Does not have a HbA1c $\geq 10\%$ in absence of ketosis

AND

- e. Has documentation of baseline serum potassium and fasting lipid panel

AND

- f. Is not hypovolemic

AND

- g. Does not have a documented history of contraindication to the requested medication

AND

- h. If being prescribed dapagliflozin (Farxiga), does not have active bladder cancer or a GFR less than $60 \text{ mL/min/1.73 m}^2$

OR

- i. If being prescribed canagliflozin (Invokana) does not have a GFR less than $45 \text{ mL/min/1.73 m}^2$

AND

- j. Is being prescribed a dose of the requested medication that is appropriate for his/her renal function according to package labeling

AND

- 2. For a non-preferred Hypoglycemic, SGLT2 Inhibitor, whether the recipient has a history of therapeutic failure, contraindication or intolerance of the preferred Hypoglycemic, SGLT2 Inhibitors

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AND

3. If a prescription for a Hypoglycemic, SGLT2 Inhibitor is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

OR

4. The recipient does not meet the clinical review guidelines listed above but in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

FOR RENEWALS OF PRESCRIPTIONS FOR HYPOGLYCEMICS, SGLT2 INHIBITORS: Requests for prior authorization of renewals of prescriptions for Hypoglycemics, SGLT2 Inhibitors that were previously approved will take into account whether the recipient:

1. Has improved glycemic control as evidenced by the recipient's HbA_{1c} value

AND

2. Does not have a documented history of contraindication to the requested medication

AND

3. Has documentation of a monitored fasting lipid panel and treatment, if necessary per standard of care

AND

4. Has documentation of monitored renal function, serum potassium and volume status

AND

5. Is being prescribed a dose of the requested medication that is appropriate for the recipient's renal function according to package labeling

AND

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6. If a prescription for a Hypoglycemic, SGLT2 Inhibitor is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

OR

7. The recipient does not meet the clinical review guidelines listed above but in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

C . Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for a Hypoglycemic, SGLT2 Inhibitor. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.