**Louisiana Medicaid**
**Diabetes – Hypoglycemics – Meglitinides**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred meglitinides.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.
~~*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*~~

## Approval Criteria for Initiation and Continuation of Therapy

~~**Approval Criteria for Initial and Reauthorization Requests**~~

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, and delivery device; **AND**
- Previous use of a preferred product* - ~~**ONE of**~~ the following is required:
  - The recipient has tried at least **TWO** preferred products that resulted in:
    - ~~**had**~~ a *treatment failure* ~~with at least~~ **TWO**~~one preferred products~~; **OR**
    - ~~The recipient has had~~ an *intolerable side effect* ~~to at least one~~the ~~preferred products~~; **OR**
  - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
  - There is *no preferred product that is appropriate* to use for the condition being treated; **OR**
  - The prescriber **states on the request** that the recipient is currently using the requested medication **AND** ~~one~~**ONE** of the following applies:
    - There is evidence in pharmacy claims of at least 60 days of the requested medication within the previous 90-day period; **OR**
    - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber states the recipient has been treated with the requested medication in an inpatient facility; **OR**
    - There is evidence in pharmacy claims of less than 60 days of the requested medication **AND** the prescriber has verified that the pharmacy has dispensed at least 60 days of medication (billed to other insurance, and therefore not viewable in pharmacy claims).~~; **AND**~~

~~By submitting the authorization request, the prescriber attests to the following:~~

- ~~The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**~~

- ~~All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**~~
- ~~The recipient has no concomitant drug therapies or disease states medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.~~

**NOTE: Some therapeutic classes may only have one preferred product. Some may only have one preferred product that is appropriate for the condition being treated. The recipient may have documented contraindications to all but one preferred product. In these or similar cases, failure with only one preferred product is sufficient to meet this criterion.*

**Duration of approval for initiation and continuation of therapy: 12 months**
~~**Duration initial and reauthorization approval: 12 months**~~

**References**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

| Revision / Date | Implementation Date |
|---|---|
| Single PDL Implementation | May 2019 |
| Separated "Select Therapeutic Classes with Established Recent Claims" into individual therapeutic class documents / November 2019 | January 2020 |
| Formatting changes / April 2021 | July 2021 |
| Modified non-preferred criteria to require a trial and failure of two preferred agents, formatting changes / August 2024 | January 2025 |