



# Pharmacologic Therapy for Type 2 Diabetes

## *Frequently Asked Questions*

- 1. Where can providers find the American Diabetes Association (ADA), American Association of Clinical Endocrinologists (AACE) Guidelines and the Alliance Formulary?**

Providers can access these guidelines online. The websites are listed in the Resources section below.

- 2. If a provider cannot log into the Alliance Provider Portal. What can they do to submit a Prior Authorization?**

Prior Authorization can also be sent via Fax to (831) 430-5851.

When problems persist with the Provider Portal, please contact Provider Relations at (800) 700-3874 ext. 5504.

- 3. Can members self-refer to the Alliance Care Management program?**

Yes. Members can self-refer to participate in the Care Management programs by calling (800) 700-3874 ext. 5512.

- 4. Are continuous glucose monitors covered by Alliance?**

Yes, continuous glucose monitors are covered by Alliance as a medical benefit. They need a prior authorization and the request needs to be submitted under durable medical equipment, not to Pharmacy Department. Criteria include: patients with type 1 or type 2 diabetes on insulin, patients currently testing glucose at least 3-4 times per day, and patients requiring frequent insulin dose adjustments or had significant hypoglycemic episodes.

- 5. What are the criteria for Jardiance or Invokana? Does the patient need to try Steglatro first?**

Generally, we require members to be consistently on metformin and formulary Steglatro for at least 3 months before a non-preferred Jardiance or Invokana can be approved. However, if there is clear documentation that the member had specific ASCVD events or heart failure, trial of Steglatro is not required as discussed in ADA/AACE guidelines. The Alliance still requires compliance with metformin for at least 3 months, as it is first line. Please submit a prior authorization request with chart notes and all supporting documentation.

- 6. What can the patients do if they need insulin urgently, but it requires prior authorization or the prior authorization expired?**

The Alliance Pharmacy Department reviews all prior authorization requests within 24 hours. However, if a medication is required immediately in emergency situations, dispensing pharmacies may call MedImpact at (800) 788-2949 to obtain an override up to 5 day supply while the request is under review.

- 7. What insulin is covered for Alliance members? Are there any updates regarding the cost of insulin? Some members report they cannot afford the insulin prescribed and have switched to Trulicity for the one time injection per week due to the high out-of-pocket cost.**

The price of insulin should not affect most Alliance members as most will have zero copay. We do not cover the copay for IHSS members or members with Medicaid-Medicare Part D. We have short-acting Admelog vials and pens, and long-acting Basaglar pens on the formulary. Trulicity is not on the Alliance formulary and requires prior authorization. If a patient is to pay out of pocket, Trulicity is usually more expensive than Basaglar and Admelog..

- 8. Alogliptin is not currently available at local pharmacies. Do providers need to submit a prior authorization for a non-formulary alternative?**

Yes. While alogliptin by itself is not available at this time, the combination of alogliptin with metformin is available. If the member is on both alogliptin and metformin, providers may prescribe without a prior authorization because the combination has been added to our formulary. Nesina (brand of alogliptin), currently is available and would be a good option to use while waiting for generic alogliptin supply. We do require providers to submit a prior authorization with proper documentation stating they are unable to obtain the formulary medication.

- 9. Is there a new glucagon nasal spray and is it on the Alliance formulary?**

Yes, Baqsimi (glucagon nasal spray) is now available and on Alliance formulary. Since Baqsimi is a nasal spray, it is easier to administer than glucagon injections that were previously available. It is FDA approved for 4 years and older. It is administered as 1 actuation into 1 nostril, and does not require inhalation as it is absorbed passively. If there is no response after 15 minutes, 1 additional dose can be repeated.

- 10. A provider has a member whose A1C is high and the member is currently only receiving metformin. The provider wants to add a GLP1 Agonist or another medication that requires Prior Authorization however; the provider received a denial based on metformin non-compliance. What does this mean?**

Per Alliance Prior Authorization, a member must be on metformin for at least 3 months with compliance prior to adding another medication. Often times the member data shows they have been noncompliant per their medication history. The Alliance wants the provider to address non-compliance prior to adding another drug to the regimen.

- 11. A member has been on Alogliptin and Trulicity for years, but now the Alliance is denying the authorization. Why?**

Due to an overlapping mechanism of action of DPP-4 Inhibitor and GLP1-agonist, current guidelines do not support these medications to be taken in combination with one another. Studies have not shown the benefit of this combination which is why the Alliance is now denying the authorization.

- 12. Why are Lantus and Humalog prescriptions being denied for members who have already been taking these medications?**

Biosimilars are now available for both products and an authorized generic is also available for Humalog which is why they are being denied. Basaglar is a biosimilar to Lantus and Admelog is Humalog's biosimilar. A biosimilar is a biological medicine highly similar to another already approved biological medicine (the 'reference medicine'). Biosimilars are approved according to the same standards of pharmaceutical quality, safety and efficacy that apply to all biological medicines. Congress, through the Biologics Price Competition and Innovation Act (BPCI Act) of 2009, created an abbreviated licensure pathway for biological products that are demonstrated to be biosimilar to or interchangeable with an FDA-approved biological product. This pathway was established as a way to provide more treatment options, increase access to lifesaving medications, and potentially lower health care costs through competition.

**13. What test strips are on the Alliance Formulary and what does Pharmacy mean by “quantity limit”?**

OneTouch Verio Test Strips is on the Alliance Formulary and does not require Prior Authorization for up to #100 Test Strips per month. If a member needs a higher quantity, the provider is expected to submit a Prior Authorization Form stating why the member needs more Test Strips. More Test Strips are generally approved if the member is on Insulin or has gestational diabetes.

**14. If there is an Alliance member who would benefit from a medication review, can the Alliance Pharmacy Department assist?**

Yes. Providers can request a consult with an Alliance pharmacist to review a member's medication regimen along with chart notes and medication fill history. Providers can call the Pharmacy Department at (831) 430-5507 and request to speak to a pharmacist. The Pharmacy Department also works closely with the Case Management team to ensure the member has access to all available resources.

**15. A provider prescribes metformin as first-line in most of their patients, but the majority of their patients cannot tolerate the gastrointestinal (GI) side effects. How can they improve tolerability?**

Metformin is associated with a significant amount of GI side effects. In most cases these symptoms are self-limiting or can be achieved by instituting a metformin 'holiday'. After a period of non-use, metformin may be successfully resumed at the same or a lower dose with a slow titration of the extended-release formulation (Glucophage XR). Tolerability also increases if medication is taken with the largest meal of the day. Extended-release formulation is better tolerated than immediate-release formulation.

**Resources**

- ADA Website: [https://care.diabetesjournals.org/content/42/Supplement\\_1](https://care.diabetesjournals.org/content/42/Supplement_1)
- AACE Guidelines: <https://www.aace.com/disease-state-resources/diabetes/clinical-practice-guidelines-treatment-algorithms>
- Care Management Services: [www.ccah-alliance.org/case\\_management.html](http://www.ccah-alliance.org/case_management.html)
- Care Management Referral Form: [http://www.ccah-alliance.org/pdfs/405-F-CM-Referral-V1\\_Fillable.pdf](http://www.ccah-alliance.org/pdfs/405-F-CM-Referral-V1_Fillable.pdf)
- Alliance Formulary, Prior Authorization Form and Criteria, and Quick Reference guide for Diabetes: visit <http://www.ccah-alliance.org/pharmacy.html>