Second Generation Sulfonylureas

Effective 05/11/2005
Revised 10/03/2019

Preferred Agents
- Glimepiride
- Glipizide
- Glipizide ER
- Glyburide
- Glyburide Micronized

Non-Preferred Agents
- Amaryl®
- Glucotrol®
- Glucotrol XL®
- Glynase® PresTab®

Approval Criteria
- Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents

Denial Criteria
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030