

repaglinide/metformin (PRANDIMET)
PRANDIMET

Diagnosis Considered for Coverage:

- Diabetes Mellitus Type 2

Coverage Criteria:

For generic repaglinide/metformin:

- Dose does not exceed FDA label maximum, **and**
- One of the following:
 - Insufficient response to repaglinide (Prandin) or metformin, **or**
 - Patient is currently on both repaglinide (Prandin) and metformin as separate pills and request is to reduce the pill burden.

For brand Prandimet:

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

Coverage Duration: Length of benefit

Effective: 1/01/2021GF