SmartPA Criteria Proposal

Drug/Drug Class:	Sodium-Glucose Co-Transporter (SGLT) Inhibitors & Combination Agents PDL Edit
First Implementation Date:	October 2, 2014
Revised Date:	October 5, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐ Existing Criteria ☒ Revision of Existing Criteria ☐ New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Type 2 diabetes mellitus is a significant health problem associated with excessive morbidity and mortality. As the prevalence of this metabolic disorder is rapidly increasing and as older treatments fail to stabilize the disease in many participants, prevention and control are considered key objectives. According to the American Diabetes Association (ADA), among patients who have type 2 diabetes who have established atherosclerotic cardiovascular disease, multiple atherosclerotic cardiovascular disease risk factors, or established kidney disease, sodium-glucose co-transporter (SGLT) inhibitors are recommended as part of the glucose-lowering regimen and to reduce the risk of major adverse cardiovascular events and heart failure hospitalization.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Farxiga®	• **Inpefa™**
• Invokana®	• Invokamet®
• Jardiance®	• Invokamet® XR
• Synjardy®	• Segluromet®
	• Steglatro®
	• Synjardy® XR
	• Trijardy® XR
	• Xigduo® XR

Type of Criteria:
☐ **Increased risk of ADE**
☒ **Preferred Drug List**
☐ **Appropriate Indications**
☐ **Clinical Edit**

Data Sources:
☐ **Only Administrative Databases**
☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Sodium-Glucose Co-Transporter (SGLT) Inhibitors & Combination Agents

- Age range: All appropriate MO HealthNet participants aged 10 years or older

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period of preferred agents **OR**
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Lack of adequate trial on required preferred agents
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
FARXIGA 10 MG	DAPAGLIFLOZIN	1 tablet per day
FARXIGA 5 MG	DAPAGLIFLOZIN	2 tablets per day
INPEFA 200 MG	**SOTAGLIFLOZIN**	**2 tablets per day**
INVOKANA 100 MG	CANAGLIFLOZIN	2 tablets per day
INVOKANA 300 MG	CANAGLIFLOZIN	1 tablet per day
JARDIANCE 10 MG	EMPAGLIFLOZIN	2 tablets per day
JARDIANCE 25 MG	EMPAGLIFLOZIN	1 tablet per day
STEGLATRO 15 MG	ERTUGLIFLOZIN	1 tablet per day
STEGLATRO 5 MG	ERTUGLIFLOZIN	2 tablets per day

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: ENDOCRINE AND METABOLIC AGENTS: Antihyperglycemic, SGLT2-Inhibitors & Combination Agents”, Gainwell Technologies; Last updated May 15, 2023.
- Evidence-Based Medicine Analysis: “Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors”, UMKC-DIC; February 2023.
- American Diabetes Association (ADA). Standards of Care in Diabetes – 2023. *Diabetes Care.* 2022;46(suppl 1): S1-S291.
- USPDI, Micromedex; 2023.
- Clinical Pharmacology [online]. Tampa (FL): Elsevier. 2023.