

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Biguanides & Combination Agents PDL Edit
<b>First Implementation Date:</b>	April 13, 2005
<b>Proposed Date:</b>	July 18, 2023
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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. Metformin monotherapy and combination therapy are generally well tolerated and improve glycemic control and lipid concentrations in patients with non-insulin-dependent diabetes mellitus, whose diabetes is poorly controlled with diet or sulfonylurea therapy alone. Metformin decreases hepatic glucose output by inhibiting gluconeogenesis by reducing glucose substrate availability through its antilipolytic effect which decreases serum free fatty acid concentrations. It also increases insulin-mediated glucose use in peripheral tissues such as in the muscle and liver, typically after meals. In addition, metformin also activates the AMP-activated protein kinase (AMPK) enzyme in hepatocytes which contributes to decreases serum lipid concentrations. The most common adverse effects are gastrointestinal related, metallic taste, vitamin B12 deficiency, and lactic acidosis. It is recommended to take these agents with meals to reduce gastrointestinal adverse effects.

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

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> <li>Glipizide/Metformin</li> <li>Glyburide/Metformin</li> <li>Metformin HCl</li> <li>Metformin ER (gen Glucophage® XR)</li> </ul>	<ul style="list-style-type: none"> <li>Fortamet®</li> <li>Glumetza®</li> <li>Metformin ER (gen Fortamet® OSM)</li> <li>Metformin ER (gen Glumetza® MOD)</li> <li>Metformin Soln</li> <li>Repaglinide/Metformin</li> <li>Riomet®</li> <li>Riomet ER™</li> </ul>

**Type of Criteria:** ☐ Increased risk of ADE  
☐ Appropriate Indications

☒ Preferred Drug List  
☐ Clinical Edit

**Data Sources:** ☐ Only Administrative Databases

☒ Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Biguanides & Combination Agents
- Age range: All appropriate MO HealthNet participants

## 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 **AND**
- For Fortamet and Glumetza: adequate therapeutic trial on generic Glucophage and/or Glucophage XR (90/120 days) **OR**
- For Riomet ER: Clinical Consultant Review required

## 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
FORTAMET ER 1,000 MG	METFORMIN ER	2 tablets per day
FORTAMET ER 500 MG	METFORMIN ER	5 tablets per day
GLUCOPHAGE XR 500 MG	METFORMIN ER	4 tablets per day
GLUCOPHAGE XR 750 MG	METFORMIN ER	2 tablets per day
GLUCOVANCE 1.25 MG/250 MG	GLYBURIDE/METFORMIN	1 tablet per day
GLUCOVANCE 2.5 MG/500 MG	GLYBURIDE/METFORMIN	2 tablets per day
GLUCOVANCE 5 MG/500 MG	GLYBURIDE/METFORMIN	4 tablets per day
GLUMETZA ER 1,000 MG	METFORMIN ER	2 tablets per day
GLUMETZA ER 500 MG	METFORMIN ER	4 tablets per day
METAGLIP 2.5 MG/250 MG	GLIPIZIDE/METFORMIN	1 tablet per day
METAGLIP 2.5 MG/500 MG	GLIPIZIDE/METFORMIN	4 tablets per day
METAGLIP 5 MG/500 MG	GLIPIZIDE/METFORMIN	4 tablets per day
RIOMET ER 500 MG/5 ML SUSP	METFORMIN HCL	20 ml per day

## Required Documentation

Laboratory Results: ☐  
MedWatch Form: ☐

Progress Notes: ☐  
Other: ☐

## Disposition of Edit

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

## Default Approval Period

1 year

SmartPA PDL Proposal Form

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## References

- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: ENDOCRINE AND METABOLIC AGENTS: Antihyperglycemic, Biguanide & Combination Agents”, Gainwell Technologies; Last updated April 4, 2023.
- Evidence-Based Medicine Analysis: “Biguanides”, UMKC-DIC; February 2023.
- Wexler, D., (2023). Metformin in the treatment of adults with type 2 diabetes mellitus. In J.E. Mulder (Ed.), UpToDate.
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