SmartPA Criteria Proposal

Drug/Drug Class:	Meglitinide Agents PDL Edit
First Implementation Date:	April 27, 2005
Proposed Date:	July 18, 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. Non-sulfonylurea hypoglycemic agents, such as repaglinide and nateglinide, lower blood sugar levels by stimulating the release of insulin from the pancreas. These agents cause only small amounts of insulin to be released when sugar is not present, therefore they must be given with meals. Repaglinide has been shown to have slightly better efficacy in glycemic control compared to nateglinide. These medications are no longer listed as preferred agents by the American Diabetes Association due to improved HbA1c lowering with newer agents. Meglitinides should be reserved for use in specific populations.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Nateglinide • Repaglinide	• Prandin®

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: Meglitinide 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 for preferred agents **OR**
- Documented ADE/ADR to preferred agents

Denial Criteria

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

Drug Description	Generic Equivalent	Max Dosing Limitation
PRANDIN 0.5 MG TABLET	REPAGLINIDE	4 tablets per day
PRANDIN 1 MG TABLET	REPAGLINIDE	4 tablets per day
PRANDIN 2 MG TABLET	REPAGLINIDE	8 tablets per day
STARLIX 60 MG TABLET	NATEGLINIDE	3 tablets per day
STARLIX 120 MG TABLET	NATEGLINIDE	3 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 Meglitinide”, Gainwell Technologies; Last updated May 3, 2023.
- Evidence-Based Medicine Analysis: “Meglitinides (Short-acting Insulin Secretagogues)”, 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.