

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors & Combination Agents PDL Edit
<b>First Implementation Date:</b>	October 2, 2014
<b>Proposed Date:</b>	September 15, 2022
<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. 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 2 (SGLT2) inhibitors are recommended as part of the glucose-lowering regimen and to reduce the risk of major adverse cardiovascular events and heart failure hospitalization.

The most common side effects associated with the SGLT2 inhibitors are urinary tract infections and female genital mycotic infections. Jardiance® (empagliflozin) was the first SGLT2 inhibitor to demonstrate benefit in reducing cardiovascular disease risk in persons with type 2 diabetes mellitus. It is believed that the beneficial effect of improving cardiovascular outcomes may be a class effect of the SGLT2 inhibitors. ADA guidelines favor Invokana® (canagliflozin), Jardiance® (empagliflozin), and Farxiga® (dapagliflozin) due to these agents' lower risks for heart failure and progression of chronic kidney disease. Dapagliflozin was recently approved by the FDA for use to reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure with reduced ejection fraction (NYHA class I to IV).

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>Farxiga®</li> <li>Invokana®</li> <li>Jardiance®</li> <li>Synjardy®</li> </ul>	<ul style="list-style-type: none"> <li>Invokamet®</li> <li>Invokamet® XR</li> <li>Segluromet®</li> <li>Steglatro®</li> <li>Synjardy® XR</li> <li>Trijardy® XR</li> <li>Xigduo® XR</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: Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors & Combination Agents
- Age range: All appropriate MO HealthNet participants aged 18 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
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:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

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

## Default Approval Period

1 year

## References

- Evidence-Based Medicine Analysis: "Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors", UMKC-DIC; February 2022.

*SmartPA PDL Proposal Form*

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- Evidence-Based Medicine and Fiscal Analysis: “Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; June 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.

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