SmartPA Criteria Proposal

Drug/Drug Class:	Glucagon Agents PDL Edit
First Implementation Date:	April 2, 2020
Proposed Date:	December 16, 2021
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: Glucagon based products increase blood glucose levels during states of hypoglycemia by stimulating hepatic glucose receptors resulting in the breakdown of stored glycogen (glycogenolysis) and production and release of sugar from the liver (gluconeogenesis). Glucagon is reserved for patients in a severe hypoglycemic state with symptoms of disorientation, unconsciousness/unresponsiveness and seizures or convulsions. There are intranasal and injectable dosage forms available by prescription for the treatment of hypoglycemia. Route of administration of glucagon slightly differs in onset of action between intranasal and injectable products (13 minutes vs 16 minutes respectively), but the resolution of hypoglycemia occurs at around 30 minutes for both routes of administration.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Baqsimi®	• Glucagon Emergency Kit (gen Glucagon Kit, Eli Lilly)
• GlucaGen HypoKit®	• Glucagon Kit (Fresenius Kabi)
• Glucagon Kit (Eli Lilly)	• Gvoke®
	• Zegalogue®

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: Glucagon Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents, with one being Baqsimi (defined as 1 claim each in the past 12 months):
    - 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

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: “Glucagon Products – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2021.
- Evidence-Based Medicine Analysis: “Glucagon Products”, UMKC-DIC; October 2021.
- USPDI, Micromedex; 2021.
- Drug Facts and Comparisons On-line; 2021.