

SmartPA Criteria Proposal

Drug/Drug Class:	Insulin, Long Acting PDL Edit
First Implementation Date:	July 3, 2008
Proposed Date:	June 17, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" 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 1 diabetes mellitus occurs when the body's immune system destroys the insulin-secreting beta cells of the pancreas. The management of type 1 diabetes has changed dramatically over the past 30 years. New insulin strategies have improved the ability to maintain near-normal glycemia. Long-acting insulins are for once or twice daily subcutaneous administration helping to restore the ability of the body to properly utilize carbohydrates, fats, and proteins. All long-acting insulins have demonstrated the ability to lower hemoglobin A1c. In newer clinical trials, the longer acting basal analogs (Tresiba® and Toujeo®), have shown positive outcomes in lower hypoglycemic rates. Factors such as onset, peak, and duration of action can influence the ability of an insulin regimen to help control glucose levels. Patient factors, including individual variations in insulin absorption, levels of exercise and types of meals consumed, also influence the effectiveness of insulin regimens.

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"> Lantus® SoloStar® Pen/Vial Levemir® FlexTouch® Pen/Vial 	<ul style="list-style-type: none"> Basaglar® KwikPen Semglee™ Pen/Vial Toujeo® SoloStar®/Max SoloStar® Pen Tresiba® FlexTouch® Pen/Vial

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: Insulin, Long Acting
- 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

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

1. Evidence-Based Medicine and Fiscal Analysis: "Insulins - Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; June 2021.
2. Evidence-Based Medicine Analysis: "Insulin Products", UMKC-DIC; April 2021.
3. USPDI, Micromedex; 2021.
4. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.
5. American Diabetes Association (ADA). Standards of Medical Care in Diabetes-2020. *Diabetes Care*. 2020;43(suppl 1): S1-S212.