SmartPA Criteria Proposal

Drug/Drug Class:	Meglitinide Agents PDL Edit
First Implementation Date:	April 27, 2005
Proposed Date:	June 17, 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: 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 not listed as preferred agents by the 2021 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® • Starlix®

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

- 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:

PRANDIN 0.5 MG TABLET	REPAGLINIDE	
PRANDIN 1 MG TABLET	REPAGLINIDE	
PRANDIN 2 MG TABLET		
STARLIX 60 MG TABLET		
STARLIX 120 MG TABLET		

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

1. Evidence-Based Medicine and Fiscal Analysis: “Oral Antihyperglycemic, Meglitinides – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; June 2021.
2. Drug Effectiveness Review Project – Drug Class Review on Oral Hypoglycemics. Center for Evidence-Based Policy, Oregon Health & Science University; May 2014 (scan report).
3. Evidence-Based Medicine Analysis: “Meglitindes (Short-acting Insulin Secretagogues)”, UMKC-DIC; March 2021.
4. American Diabetes Association (2017). Standards of Medical Care in Diabetes-2017. Diabetes Care, 40 (Supplement 1): S1-S142.
5. USPDI, Micromedex; 2021.
6. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.
7. American Diabetes Association (ADA). Standards of Medical Care in Diabetes – 2021. *Diabetes Care.* 2021;44(suppl 1): S1-S232.