SmartPA Criteria Proposal

Drug/Drug Class:	DPP-IV Inhibitors & Combination Agents PDL Edit
First Implementation Date:	January 22, 2004
Proposed Date:	June 18, 2020
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. Selective dipeptidyl peptidase-4 (DPP-IV) inhibitors are used in the treatment of type 2 diabetes mellitus and work by enhancing the levels of active incretin hormones. Glucagon-like peptide 1 (GLP-1) is rapidly degraded by DPP-IV, a serine protease. A DPP-IV inhibitor increases the half-life of active GLP-1 and prolongs the beneficial effects of the incretin hormones. GLP-1 is a glucose-dependent stimulator of insulin synthesis and secretion, and an inhibitor of glucagon release. The activity of GLP-1 is limited by the DPP-IV enzyme, which rapidly degrades incretins to metabolites that are no longer active as incretins. These agents act to prevent inactivation of the incretins by the enzyme DPP-IV, thus increasing active incretin plasma concentrations. DPP-IV inhibitors enhance the body's natural ability to lower blood glucose when it is elevated. This group of agents, including any other GLP-1 based therapies, do not cause hypoglycemia unless combined with other therapies that can. DPP-IV inhibitors can be used as monotherapy in those who cannot tolerate or have contraindications to metformin. These agents could also be used as an add-on therapy to help better control their glucose levels. Generally, all DPP-IV inhibitors have similar glycemic effects and improvement in A1C measurements.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Janumet®	• Alogliptin
• Janumet® XR	• Alogliptin/Metformin
• Januvia®	• Alogliptin/Pioglitazone
• Jentadueto®	• Glyxambi®
• Kombiglyze® XR	• Jentadueto® XR
• Onglyza®	• Kazano
• Tradjenta®	• Nesina™
	• Oseni
	• Qtern®
	• Steglujan™

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: DPP-IV Inhibitors & Combination Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Inferred diabetes mellitus diagnosis by history of a least one oral hypoglycemic agent, insulin product, or GLP-1 agonist in the past year **AND**
- Failure to achieve desired therapeutic outcomes with trial on 3 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 no approval criteria are 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

1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
2. USPDI, Micromedex; 2020.
3. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.
4. Dungan, K., (2020). Dipeptidyl peptidase 4 (DPP-4) inhibitors for the treatment of type 2 diabetes mellitus. In J.E. Mulder (Ed.), *UptoDate.*
5. Evidence-Based Medicine and Fiscal Analysis: "Dipeptidyl Peptidase-4 Inhibitors and Combinations – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; May 2020.
6. Evidence-Based Medicine Analysis: "Dipeptidyl Peptidase-4 Inhibitors", UMKC-DIC; April 2020.
7. Evidence-Based Medicine Analysis: "Antidiabetic Combination Agents – Oral and Injectable", UMKC-DIC; March 2020.
8. American Diabetes Association (ADA). Standards of Medical Care in Diabetes-2020. *Diabetes Care.* 2020;43(suppl 1): S1-S212.