

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Glucagon-Like Peptide -1 (GLP-1) Receptor Agonists & Combination Agents PDL Edit
<b>First Implementation Date:</b>	October 7, 2010
<b>Proposed Date:</b>	June 18, 2020
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<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 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. Metformin is still the cornerstone of type 2 diabetes mellitus treatment however many patients will require an additional agent(s). According to the ADA, several classes can be considered as add-on therapy, including the glucagon-like peptide-1 (GLP-1) receptor agonists. Selection of a specific agent should be based on drug-specific characteristics (e.g., adverse events, weight gain, hypoglycemia risk, cost) and patient preferences. Based on differences in cardiovascular risk/benefit and weight gain among the GLP-1 receptor agonists, patients with certain compelling indications might benefit from a specific agent in the class. For patients with established atherosclerotic cardiovascular disease, Victoza<sup>®</sup> (liraglutide), Trulicity<sup>®</sup> (dulaglutide) and injectable Ozempic<sup>®</sup> (semaglutide) have all demonstrated cardiovascular benefit are preferred, as they are FDA-approved for cardiovascular disease reduction. For patients with a compelling need for weight loss, semaglutide is associated with the largest weight reduction. GLP-1 receptor agonists have a similar safety profile with gastrointestinal disorders being the most common adverse effect. All GLP-1 receptor agonists, except Byetta<sup>®</sup> (exenatide) and Adlyxin<sup>™</sup> (lixisenatide), have a boxed warning regarding the risk of thyroid tumors. Dual therapy with insulin and a GLP-1 receptor agonist can be considered if patients cannot meet their HbA1c goals with basal insulin or a GLP-1 receptor agonist alone. No significant efficacy or safety differences have been noted between Xultophy<sup>®</sup> (insulin degludec/liraglutide) and Soliqua<sup>®</sup> (insulin glargine/lixisenatide).

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



## Default Approval Period

1 year

## References

1. Drug Effectiveness Review Project – Drug Class Review Newer Diabetes Medications and Combinations. Center for Evidence-Based Policy, Oregon Health & Science University; February 2011; updated July 2016.
2. Evidence-Based Medicine and Fiscal Analysis: “GLP-1 Receptor Agonists and Combinations – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; April 2020.
3. Evidence-Based Medicine Analysis: “Antidiabetic Mimetics (GLP-1 Receptor Agonist)”, UMKC-DIC; March 2020.
4. Evidence-Based Medicine Analysis: “Antidiabetic Combination Agents – Oral and Injectable”, UMKC-DIC; March 2020.
5. American Diabetes Association (ADA). Standards of Medical Care in Diabetes-2020. *Diabetes Care*. 2020;43(suppl 1): S1-S212.
6. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
7. USPDI, Micromedex; 2020.
8. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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