

SmartPA Criteria Proposal

Drug/Drug Class:	Insulins, Rapid Acting PDL Edit
First Implementation Date:	July 3, 2008
Proposed Date:	June 18, 2020
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. All rapid-acting insulins have demonstrated ability to lower hemoglobin A1c. An inhaled insulin product (Afrezza®) is now also available as part of this class but is indicated for adults only. Additional adverse effects of Afrezza include cough and throat pain and it is contraindicated with chronic lung diseases such as COPD or asthma. 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"> Humalog® Cartridge/Vial NovoLog® Cartridge/FlexPen®/Vial 	<ul style="list-style-type: none"> Admelog® SoloStar® Pen/Vial Afrezza® Cartridge Apidra® SoloStar® Pen/Vial Fiasp® Flextouch®/PenFill®/Vial Humalog KwikPen® Humalog® Jr KwikPen® Insulin Aspart FlexPen®/PenFill®/Vial Insulin Lispro Jr KwikPen® Insulin Lispro KwikPen®/Vial

Type of Criteria: Increased risk of ADE
 Appropriate Indications

Preferred Drug List
 Clinical Edit

Data Sources: Only Administrative Databases

Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Insulins, Rapid 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 **AND**
- For Humalog KwikPen 200 units/ml: documented compliance on prior rapid acting insulin therapy (90/120 days)

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are 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; May 2020.
2. Evidence-Based Medicine Analysis: "Insulin Products", UMKC-DIC; March 2020.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.
6. American Diabetes Association (ADA). Standards of Medical Care in Diabetes-2020. *Diabetes Care*. 2020;43(suppl 1): S1-S212.

SmartPA PDL Proposal Form

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