### 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:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lantus® SoloStar® Pen/Vial</td>
<td>Basaglar® KwikPen</td>
</tr>
<tr>
<td>Levemir® FlexTouch® Pen/Vial</td>
<td>Toujeo® SoloStar®/Max SoloStar® Pen</td>
</tr>
<tr>
<td>Tresiba® FlexTouch Pen/Vial</td>
<td></td>
</tr>
</tbody>
</table>

**Type of Criteria:**
- ☑ Increased risk of ADE
- ☑ Preferred Drug List
- ☑ Clinical Edit

**Data Sources:**
- ☑ Only Administrative Databases
- ☑ Databases + Prescriber-Supplied

### Setting & Population

- Drug class for review: Insulins, 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
  o Documented trial period for preferred agents OR
  o 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

4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.