

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Insulin, Rapid Acting PDL Edit
<b>First Implementation Date:</b>	July 3, 2008
<b>Revised Date:</b>	October 14, 2021
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input 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"> <li>Humalog® Cartridge/Vial</li> <li>NovoLog® Cartridge/FlexPen®/Vial</li> </ul>	<ul style="list-style-type: none"> <li>Admelog® SoloStar® Pen/Vial</li> <li>Afrezza® Cartridge</li> <li>Apidra® SoloStar® Pen/Vial</li> <li>Fiasp® FlexTouch®/PenFill®/Vial</li> <li>Humalog KwikPen®</li> <li>Humalog® Jr KwikPen®</li> <li>Insulin Aspart FlexPen®/PenFill®/Vial</li> <li>Insulin Lispro Jr KwikPen®</li> <li>Insulin Lispro KwikPen®/Vial</li> <li>Lyumjev®</li> <li>ReliOn® Novolog® FlexPen®/Vial</li> </ul>

**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: Insulin, 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 insulin lispro 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 all approval criteria are not 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; June 2021.
2. Evidence-Based Medicine Analysis: "Insulin Products", UMKC-DIC; April 2021.
3. USPDI, Micromedex; 2021.
4. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.
5. American Diabetes Association (ADA). Standards of Medical Care in Diabetes-2020. *Diabetes Care*. 2020;43(suppl 1): S1-S212.