Effective Date: 04/01/2022
Last P&T Approval/Version: 01/26/2022
Next Review Due By: 11/01/2022
Policy Number: C21858-A

Antidiabetic Agents IL Medicaid Only

PRODUCTS AFFECTED

SINGLE AGENTS:
ADLYXIN (lixisenatide), alogliptin, BYDUREON BCISE (exenatide), BYDUREON (exenatide) BYETTA (exenatide), Fortamet (metformin ER OSM 24HR), Glumetza (metformin ER MOD 24HR), metformin ER (MOD), metformin ER (OSM), NESINA (alogliptin), ONGLYZA (saxagliptin), OZEMPIC (semaglutide), PRANDIN (repaglinide), repaglinide, Riomet Solution (metformin), Riomet ER Suspension (metformin), RYBELSUS (semaglutide), STARLIX (nateglinide), STEGLATRO (ertugliflozin), TRULICITY (dulaglutide)

COMBINATION AGENTS:
ACTOPLUS MET (pioglitazone-metformin), ACTOPLUS MET XR (pioglitazone-metformin), alogliptin-metformin, alogliptin-pioglitazone, DUETACT (pioglitazone-glimepiride), GLYXAMBI (empagliflozin / linagliptin), INVOKAMET (canagliflozin/metformin), INVOKAMET XR (canagliflozin/metformin), JANUMET (sitagliptin/metformin), JANUMET XR (sitagliptin/metformin extended-release), JENTADUETO (linagliptin/metformin), JENTADUETO XR (linagliptin/metformin extended-release), KAZANO (alogliptin/metformin), KOMBIGLYZE XR (saxagliptin/metformin extended-release), OSENI (alogliptin/pioglitazone), pioglitazone-glimepiride, pioglitazone-metformin, QTERN(dapagliflozin/saxagliptin), repaglinitide-metformin, SEGLUROMET (ertugliflozin/metformin), SOLIQUA (Insulin Glargine-Lixisenatide), STEGLUJUAN (ertugliflozin/sitagliptin), SYNJARDY (empagliflozin / metformin HCl), SYNJARDY XR (empagliflozin / metformin HCl), TRIJARDY XR (empaglifozin/linagliptin/metformin), XIGDUO XR (dapagliflozin / metformin HCl), XULTOPHY (Insulin Degludec-Liraglutide)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.
This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive

DIAGNOSIS:
Type 2 Diabetes

REQUIRED MEDICAL INFORMATION:

A. ALL INDICATIONS

1. Prescriber attests (or the Reviewer has found) that the requested drug has been prescribed for the management of type 2 diabetes
   AND
2. Prescriber attests to (or the clinical reviewer has found) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to GLP-1 agonists or combinations include: Hypersensitivity to requested product, or any component of the formulation; history of or family history of medullary thyroid carcinoma (MTC); patients with multiple endocrine neoplasia syndrome type 2 (MEN2). Contraindications to alogliptin, saxagliptin, linagliptin, sitagliptins include: Hypersensitivity (e.g., anaphylaxis, angioedema, exfoliative skin conditions) to the request product or any component of the formulation. Contraindications to SGLT2 inhibitors include severe renal impairment, ESRD or dialysis, history of serious hypersensitivity to drug or components of the formulations. Contraindications to repaglinide include diabetic ketoacidosis, Type 1 diabetes, co-administration of gemfibrozil and known hypersensitivity to the drug or its inactive ingredients. Contraindications to nateglinide include known hypersensitivity to the drug or its inactive ingredients. Contraindications to metformin includes severe renal impairment (eGFR below 30 mL/min/1.73 m^2), hypersensitivity to metformin, acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma. Contraindications to pioglitazone include use in patients with established NYHA Class III or IV heart failure.]
   AND
3. Documentation of member's current glycemic status (e.g., A1C or other glycemic measurement)
   AND
4. NON-PREFFERED SINGLE AGENT Metformin Products: Documentation of a trial and failure of all preferred metformin products.
   AND
5. FOR SINGLE AGENTS- NON-FORMULARY/NON-PREFERRED AGENTS: Member has had an inadequate response, intolerance, or contraindication to an ALL FORMULARY/PREFERRED agents within the same class.
   AND
6. FOR COMBINATION PRODUCTS NON-FORMULARY/NON-PREFERRED AGENTS: Documentation that member has had an inadequate response to formulary preferred single agents in the matching classes (SGLT2/GLP1/DPP4) within the combination product. [MOLINA REVIEWER NOTE: For example, for requests for Janumet, member would have had an inadequate response to Januvia and metformin used as separate agents.]
   AND
7. FOR NON-PREFERRED BRAND NAME requests: Documentation that member has tried and failed the generic equivalent, if available, on the preferred drug list.

CONTINUATION OF THERAPY:

A. ALL INDICATIONS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history
   AND
2. Documentation of no intolerable adverse effects or drug toxicity
   AND

3. Documentation of positive clinical response as demonstrated by improvement in member's glycemic targets (e.g., hemoglobin A1C)

DURATION OF APPROVAL:
Initial authorization: 12 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:
None

AGE RESTRICTIONS:
Bydureon/Bydureon BCise, metformin: 10 years and older
All Other Agents: 18 years or older

QUANTITY: See Illinois Medicaid Drug Formulary or use maximum quantity per FDA label

Maximum Quantity Limits – Per FDA label

PLACE OF ADMINISTRATION:
The recommendation is that oral and injectable medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral, Subcutaneous

DRUG CLASS:
*Biguanides**
*Incretin Mimetic Agents (GLP-1 Receptor Agonists)***
*Meglitinide Analogues***
*Dipeptidyl Peptidase-4 (DPP-4) Inhibitors***
*Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors***
*Insulin-Incretin Mimetic Combinations***
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***
*DPP-4 Inhibitor-Thiazolidinedione Combinations***
*Meglitinide-Biguanide Combinations***
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***
*SGLT2 Inhibitor - DPP-4 Inhibitor Combinations***
*SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Comb***
*Sulfonylurea-Biguanide Combinations***
*Sulfonylurea-Thiazolidinedione Combinations***
*Thiazolidinedione-Biguanide Combinations***

FDA-APPROVED USES:
Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

ACTOPLUS MET, ACTOPLUS MET XR (pioglitazone-metformin): indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus who are already treated with a thiazolidinedione and metformin or who have inadequate glycemic control on a thiazolidinedione alone or metformin alone

BYDUREON/BYDUREON BCISE (exenatide extended-release): indicated as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes
mellitus

OZEMPIC (semaglutide): indicated: as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus AND to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease

RYBELSUS (semaglutide): indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus

TRULICITY (dulaglutide) indicated: as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus and to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus who have established cardiovascular disease or multiple cardiovascular risk factors.

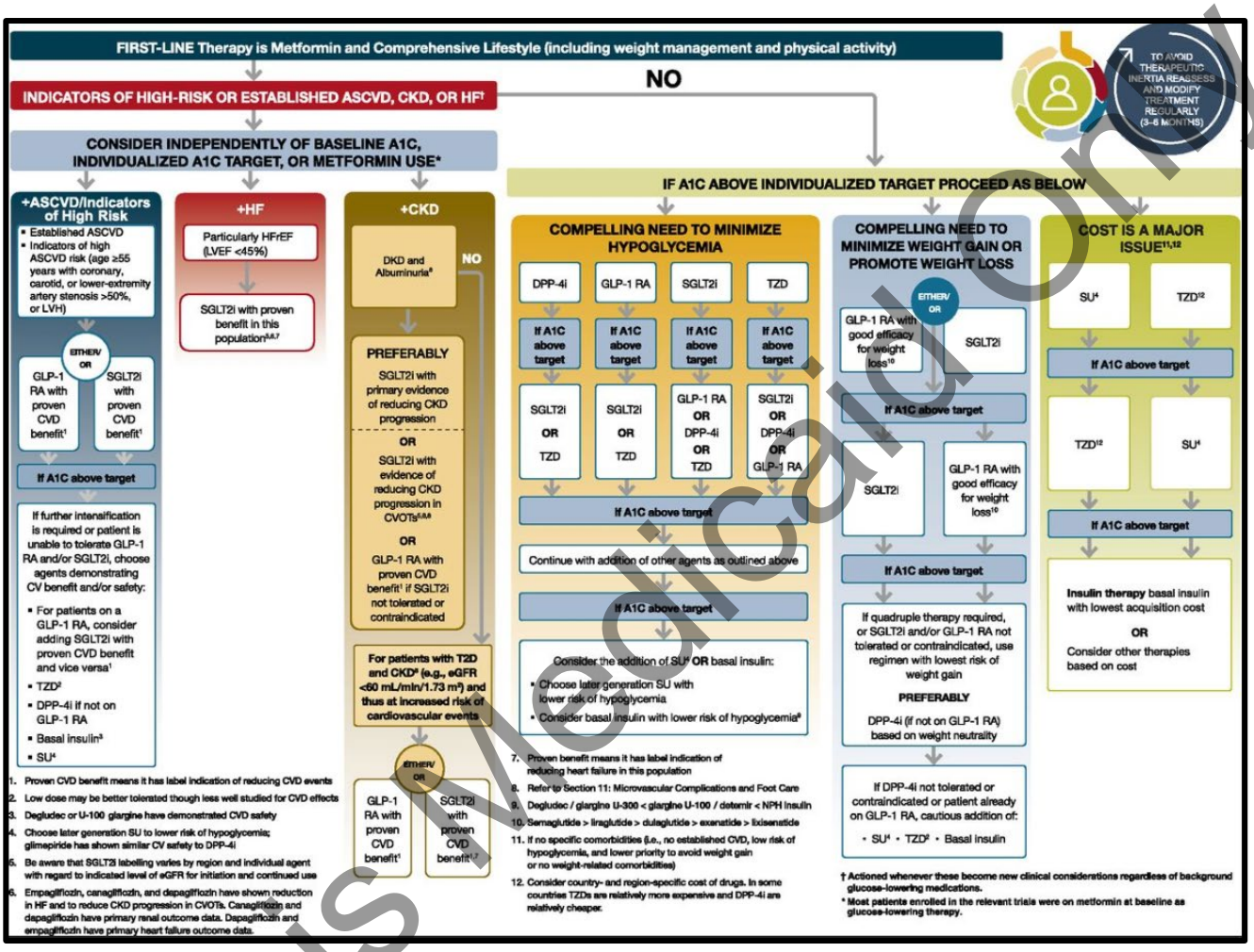
VICTOZA (liraglutide) indicated as an adjunct to diet and exercise to improve glycemic control in patients 10 years and older with type 2 diabetes mellitus and to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease

COMPENDIAL APPROVED OFF-LABELED USES:
N/A

APPENDIX

APPENDIX:

Reference: Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes 2021 Diabetes Care 2021;44(Suppl. 1):S111–S124 | https://doi.org/10.2337/dc21-S009



BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Per American Diabetes Association (ADA) 2021 guidelines, metformin is the preferred initial pharmacologic agent for the treatment of type 2 diabetes. Once initiated, metformin should be continued as long as it is tolerated and not contraindicated; other agents, including insulin, should be added to metformin. Early combination therapy can be considered in some patients at treatment initiation to extend the time to treatment failure. The early introduction of insulin should be considered if there is evidence of ongoing catabolism (weight loss), if symptoms of hyperglycemia are present, or when A1C levels (>10% [86 mmol/mol]) or blood glucose levels (>300mg/dL [16.7mmol/L]) are very high. A patient-centered approach should be used to guide the choice of pharmacologic agents. Considerations include effect on cardiovascular and renal comorbidities, efficacy, hypoglycemia risk, impact on weight, cost, risk for side effects, and patient preferences. Among patients with type 2 diabetes who have established atherosclerotic cardiovascular disease or indicators of high risk, established kidney disease, or heart failure, a sodium–glucose cotransporter 2 inhibitor or glucagon-like peptide 1 receptor agonist with demonstrated cardiovascular disease benefit is recommended as part of the glucose-lowering regimen independent of A1C and in consideration of patient-specific factors. In patients with type 2 diabetes, a glucagon-like peptide 1 receptor agonist is preferred to insulin when possible. Recommendation for treatment intensification for patients not meeting treatment goals should not be delayed. The medication regimen and medication-taking behavior should be reevaluated at regular intervals (every 3–6 months) and adjusted as needed to incorporate specific factors that impact choice of treatment Clinicians should be aware of the potential for over basalization with insulin therapy. Clinical signals that may prompt evaluation of over basalization include basal dose more than 0.5 IU/kg, high bedtime-morning or post-preprandial glucose differential, hypoglycemia (aware or unaware), and high variability. Indication of over basalization should prompt reevaluation to further individualize therapy.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of agents listed in this policy are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to GLP-1 agonists or combinations include: Hypersensitivity to requested product, or any component of the formulation; history of or family history of medullary thyroid carcinoma (MTC); patients with multiple endocrine neoplasia syndrome type 2 (MEN2). Contraindications to alogliptin, saxagliptin, linagliptin, sitagliptins include: Hypersensitivity (e.g., anaphylaxis, angioedema, exfoliative skin conditions) to the request product or any component of the formulation. Contraindications to SGLT2 inhibitors include severe renal impairment, ESRD or dialysis, history of serious hypersensitivity to drug or components of the formulations. Contraindications to repaglinide include diabetic ketoacidosis, Type 1 diabetes, co-administration of gemfibrozil and known hypersensitivity to the drug or its inactive ingredients. Contraindications to nateglinide include known hypersensitivity to the drug or its inactive ingredients. Contraindications to metformin includes severe renal impairment (eGFR below 30 mL/min/1.73 m^2), hypersensitivity to metformin, acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma. Contraindications to pioglitazone include use in patients with established NYHA Class III or IV heart failure.

OTHER SPECIAL CONSIDERATIONS:

None

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:

Actoplus Met TABS 15-500MG
Actoplus Met TABS 15-850MG
Actoplus met XR TB24 15-1000MG
Actoplus met XR TB24 30-1000MG
Adlyxin SOPN 20MCG/0.2ML
Adlyxin Starter Pack PNKT 10 & 20MCG/0.2ML
Alogliptin Benzoate TABS 12.5MG
Alogliptin Benzoate TABS 25MG
Alogliptin Benzoate TABS 6.25MG
Alogliptin-Pioglitazone TABS 12.5-15MG
Alogliptin-Pioglitazone TABS 12.5-30MG
Alogliptin-Pioglitazone TABS 12.5-45MG
Alogliptin-Pioglitazone TABS 25-15MG
Alogliptin-Pioglitazone TABS 25-30MG
Alogliptin-Pioglitazone TABS 25-45MG
Bydureon PEN 2MG
Bydureon SRER 2MG
Bydureon BCise AUIJ 2MG/0.85ML
Byetta 10 MCG Pen SOPN 10MCG/0.04ML
Byetta 5 MCG Pen SOPN 5MCG/0.02ML
Duetact TABS 30-2MG
Duetact TABS 30-4MG
Fortamet TB24 1000MG
Fortamet TB24 500MG
Glumetza TB24 1000MG
Glumetza TB24 500MG
Glyxambi TABS 10-5MG
Glyxambi TABS 25-5MG
Invokamet TABS 150-1000MG
Invokamet TABS 150-500MG
Invokamet TABS 50-1000MG
Invokamet TABS 50-500MG
Invokamet XR TB24 150-1000MG
Invokamet XR TB24 150-500MG
Invokamet XR TB24 50-1000MG
Invokamet XR TB24 50-500MG
Janumet TABS 50-1000MG
Janumet TABS 50-500MG
Janumet XR TB24 100-1000MG
Janumet XR TB24 50-1000MG
Janumet XR TB24 50-500MG
Jentadueto TABS 2.5-1000MG
Jentadueto TABS 2.5-500MG
Jentadueto TABS 2.5-850MG
Jentadueto XR TB24 2.5-1000MG
Jentadueto XR TB24 5-1000MG
Kazano TABS 12.5-1000MG
Kazano TABS 12.5-500MG
Kombiglyze XR TB24 2.5-1000MG
Kombiglyze XR TB24 5-1000MG
Kombiglyze XR TB24 5-500MG
metFORMIN HCl ER (MOD) TB24 1000MG
metFORMIN HCl ER (MOD) TB24 500MG
metFORMIN HCl ER (OSM) TB24 1000MG
metFORMIN HCl ER (OSM) TB24 500MG
Nesina TABS 12.5MG
Nesina TABS 25MG
Nesina TABS 6.25MG
Onglyza TABS 2.5MG
Onglyza TABS 5MG
Oseni TABS 12.5-15MG
Oseni TABS 12.5-30MG
Oseni TABS 12.5-45MG
Oseni TABS 25-15MG
Oseni TABS 25-30MG
Oseni TABS 25-45MG
Ozempic (0.25 or 0.5 MG/DOSE) SOPN 2MG/1.5ML
Ozempic (1 MG/DOSE) SOPN 2MG/1.5ML
Ozempic (1 MG/DOSE) SOPN 4MG/3ML
Pioglitazone HCl-Glimepiride TABS 30-2MG
Pioglitazone HCl-Glimepiride TABS 30-4MG
Pioglitazone HCl-metFORMIN HCl TABS 15-500MG
Pioglitazone HCl-metFORMIN HCl TABS 15-850MG
Prandin TABS 1MG
Prandin TABS 2MG
Qtern TABS 10-5MG
Qtern TABS 5-5MG
Repaglinide TABS 0.5MG
Repaglinide TABS 1MG
Repaglinide TABS 2MG
Repaglinide-metFORMIN HCl TABS 1-500MG
Repaglinide-metFORMIN HCl TABS 2-500MG

Riomet SOLN 500MG/5ML
Riomet ER SRER 500MG/5ML
Rybelsus TABS 14MG
Rybelsus TABS 3MG
Rybelsus TABS 7MG
Segluromet TABS 2.5-1000MG
Segluromet TABS 2.5-500MG
Segluromet TABS 7.5-1000MG
Segluromet TABS 7.5-500MG
Soliqua SOPN 100-33UNT-MCG/ML
Starlix TABS 120MG
Starlix TABS 60MG
Steglatro TABS 15MG
Steglatro TABS 5MG
Steglujan TABS 15-100MG
Steglujan TABS 5-100MG
Synjardy TABS 12.5-1000MG
Synjardy TABS 12.5-500MG
Synjardy TABS 5-1000MG
Synjardy TABS 5-500MG
Synjardy XR TB24 10-1000MG
Synjardy XR TB24 12.5-1000MG
Synjardy XR TB24 25-1000MG
Synjardy XR TB24 5-1000MG
Trijardy XR TB24 10-5-1000MG
Trijardy XR TB24 12.5-2.5-1000MG
Trijardy XR TB24 25-5-1000MG
Trijardy XR TB24 5-2.5-1000MG
Xigduo XR TB24 10-1000MG
Xigduo XR TB24 10-500MG
Xigduo XR TB24 2.5-1000MG
Xigduo XR TB24 5-1000MG
Xigduo XR TB24 5-500MG
Xultophy SOPN 100-3.6UNIT-MG/ML

REFERENCES

1. Illinois Medicaid Preferred Drug List, effective April 1, 2022
2. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes—2021. (2020). Diabetes Care, 44(Supplement 1), S111-S124. doi: 10.2337/dc21-s009
3. Steglatro (ertugliflozin) [prescribing information]. Whitehouse Station, NJ: Merck Sharp &Dohme; September 2021
4. Invokamet/Invokamet XR prescribing information. Janssen Pharmaceuticals, Inc. Titusville,NJ. November 2021.
5. Synjardy/Synjardy XR prescribing information. Boehringer Ingelheim Pharmaceuticals, Inc.Ridgefield, CT. June 2021
6. Segluromet (ertugliflozin/metformin) [prescribing information]. Whitehouse Station, NJ:Merck Sharp & Dohme Corporation; September 2021
7. Glyxambi (empagliflozin/linagliptin) [prescribing information]. Ridgefield, CT: BoehringerIngelheim Pharmaceuticals, Inc; June 2021.
8. Qtern (dapagliflozin/saxagliptin) [prescribing information]. Wilmington, DE; AstraZenecaPharmaceuticals; January 2020
9. Glumetza (metformin) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals; October 2019
10. FORTAMET (metformin hydrochloride) [prescribing information], Fort Lauderdale, FL: Actavis Laboratories, March 2021
11. Riomet (metformin) [prescribing information]. Cranbury, NJ: Sun Pharmaceuticals; November 2018
12. Steglujan (ertugliflozin/sitagliptin) [prescribing information]. Whitehouse Station, NJ; MerckSharp & Dohme Corp: September 2021
13. Janumet (sitagliptin and metformin) tablets [prescribing information]. Whitehouse Station, NJ: Merck & Co, Inc; November 2021.
14. Janumet XR (sitagliptin and metformin) extended-release tablets [prescribing information]. Whitehouse Station, NJ: Merck & Co Inc; November 2021.
15. Jentadueto (linagliptin and metformin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc; March 2020
16. Jentadueto XR (linagliptin and metformin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals; October 2021
17. Kazano (alogliptinand metformin)[prescribinginformation]. Deerfield, IL:Takeda Pharmaceuticals America, Inc; July 2021.

18. Kombiglyze XR(saxagliptin/metformin)[prescribinginformation]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2019.
19. Nesina (alogliptin) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America Inc; July 2020.
20. Onglyza (saxagliptin)[prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; October 2019.
21. Oseni (alogliptin and pioglitazone) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; July 2020.
22. Adlyxin (lixisenatide) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis US LLC; July 2021
23. Bydureon (exenatide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; July 2021.
24. Bydureon BCise [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; July 2021
25. Byetta (exenatide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2021
26. Ozempic (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; April 2021
27. Soliqua (insulin glargine/lixisenatide) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis US LLC; July 2021
28. Rybelsus (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; September 2021
29. ACTOPLUS MET (pioglitazone hydrochloride and metformin hydrochloride) tablets [prescribing information]. Deerfield IL: Takeda Pharmaceuticals America, Inc.; June 2020
30. XULTOPHY 100/3.6 (insulin degludec and liraglutide injection) [prescribing information], Plainsboro, NJ: Novo Nordisk Inc., November 2019
31. XIGDUO XR (dapagliflozin-metformin ER) [prescribing information], Wilmington, DE: AstraZenenca Pharmaceuticals LP, February 2022.
32. TRIJARDY XR (empagliflozin, linagliptin, and metformin hydrochloride extended-release tablets) [prescribing information] Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc; June 2021
33. Starlix (nateglinide) [prescribing information], East Hanover, NJ: Novartis Pharmaceuticals Corp., October 2021
34. Prandin (repaglinide) [prescribing information] Plainsboro, NJ: Novo Nordisk Inc., March 2019