

**Thiazolidinedione (TZD) Containing Products**  
**Effective 04/17/2019**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

#### Initial Step-Therapy Requirements:

**First-Line:** Medications listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.

### Coverage Guidelines

FIRST-LINE	SECOND-LINE
metformin or a metformin-containing product	pioglitazone pioglitazone/metformin pioglitazone/glimepiride Actoplus Met XR alogliptin/pioglitazone  <u>Limited Distribution Specialty Products</u> Avandia

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

#### **pioglitazone, pioglitazone/metformin, pioglitazone/glimepiride, Avandia, Actoplus Met XR**

- A diagnosis of Type II Diabetes mellitus  
**AND**

- The patient has been started and stabilized on the requested medication  
**OR**
- Patient has tried metformin or a metformin-containing product AND had a documented inadequate response  
**OR**
- Patient has a documented side effect, allergy or contraindication (i.e., renal insufficiency, liver disease, heart failure, history of lactic acidosis) to metformin.

#### **alogliptin/pioglitazone**

- A diagnosis of Type II Diabetes mellitus  
**AND**
- Patient has tried either an alogliptin or pioglitazone product AND had a documented inadequate response  
**AND**
- The patient has been started and stabilized on the requested medication  
**OR**
- Patient has tried metformin or a metformin-containing product AND had a documented inadequate response  
**OR**
- Patient has a documented side effect, allergy or contraindication (i.e., renal insufficiency, liver disease, heart failure, history of lactic acidosis) to metformin.

#### **Limitations**

1. Approvals will be granted for 12 months.

#### **References**

1. ActoPlus Met XR (pioglitazone/metformin) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America Inc; December 2017
2. Actos (pioglitazone) [product monograph]. Oakville, Ontario, Canada: Takeda Canada Inc; January 2018
3. Avandia (rosiglitazone) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; February 2019.
4. Duetact (pioglitazone/glimepiride) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; December 2017
5. Kazano (alogliptin and metformin) [product monograph]. Oakville, Ontario, Canada: Takeda Canada Inc; October 2018
6. Oseni (alogliptin and pioglitazone) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America Inc; December 2017
7. Rodbard HW, et al. Statement by an American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus: An Algorithm for Glycemic Control. *Endocrine Practice*. 2009;15(6):541-549. <http://www.aace.com/pub/pdf/GlycemicControlAlgorithm.pdf>
8. Nathan DM, Buse JB, Davidson MB, Ferrannini E, Holman RR, Sherwin R, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009 Jan;32(1):193-203.
9. Qaseem A, Humphrey LL, Sweet DE, Starkey M, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Oral pharmacologic treatment of type 2 diabetes mellitus: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2012;156(3):218-31.



10. Xu W, Bi Y, Sun Z, et al. Comparison of the effects on glycaemic control and  $\beta$ -cell function in newly diagnosed type 2 diabetes patients of treatment with exenatide, insulin or pioglitazone: a multicentre randomized parallel-group trial (the CONFIDENCE study). *J Intern Med*. 16 July 2014
11. American Diabetes Association. Standards of medical care in diabetes – 2015. *Diabetes Care*. 2015(Jan);38(suppl 1):S1-S94.
12. Inzucchi SE, BergenstalRM, Buse JB, Diamant M, Ferrannini E, Nauck M, et al. Management of hyperglycemia in type 2 diabetes, 2015: A patient-centered approach. *Diabetes Care*. 2015;38:140-9.
13. Handelsman Y, Bloomgarden ZT, Grunberger G, Umpierrez G, Zimmerman RS, Bailey TS, et al. American Association of Clinical Endocrinologists and American College of Endocrinology Clinical Practice Guidelines for Developing a Diabetes Mellitus Comprehensive Care Plan – 2015. *Endocrine Practice*. 2015;21(Supp 1)
14. AACE/ACE Comprehensive Diabetes Management Algorithm 2015. [published ahead of print]. DOI: 10.4158/P15693.CS. Available at: [www.aace.com/publications/algorithm](http://www.aace.com/publications/algorithm)

### Review History

04/28/08 – Reviewed  
02/01/09 – Prandimet  
04/27/09 – Reviewed  
04/26/10 – Reviewed  
12/15/10 – Disclaimer  
04/25/11 – Reviewed  
04/23/12 – Reviewed  
08/22/12 – Actos generic  
04/15/13 – Duetact generic  
04/28/14 – Updated  
04/25/16 – Removed Avandaryl  
04/24/17 – Updated  
04/17/19 – Reviewed.

