

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

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A			

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 β -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, Bergenstal RM, 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(Suppl 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

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.

