Therapeutic Duplication/Safety Edit Clinical Summary for Select Drug Classes

Pennsylvania Managed Care Organizations (MCOs) are required to implement the Pennsylvania Statewide Preferred Drug List (PDL) and its corresponding prior authorization guidelines. This includes prior authorization requirements related to concurrent use of certain drugs with highly similar mechanisms of action or that could pose safety risks when used together. Below is a summary of clinical rationale for select instances where prior authorization will be required.

Glucagon-Like Peptide-1 (GLP-1) Receptor Antagonists & Dipeptidyl Peptidase IV (DPP-4) Inhibitors:
Concurrent use of GLP-1 receptor agonists and DPP-4 inhibitors will be considered duplicate therapy by the plan. Agents in these two classes work via similar mechanisms of action, and research has not shown additive effects on glucose lowering when used together. Additionally, use of these classes of agents together are not supported in the American Diabetes Association (ADA) guidelines. Providers should review patient therapy and select one of these agents for glucose control in their patients, or submit a prior authorization to the plan and provide clinical justification for concurrent use.

References:
American Diabetes Association. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes-2020. Diabetes Care. 2020;43(Suppl 1):S98-S110. doi:10.2337/dc20-S009

Nauck MA, Kahle M, Baranov O, Deacon CF, Holst JJ. Addition of a dipeptidyl peptidase-4 inhibitor, sitagliptin, to ongoing therapy with the glucagon-like peptide-1 receptor agonist liraglutide: A randomized controlled trial in patients with type 2 diabetes. Diabetes Obes Metab. 2017;19(2):200-207. doi:10.1111/dom.12802

Wexler DJ. Nathan DM and Mulder JE, eds. Management of persistent hyperglycemia in type 2 diabetes mellitus. UpToDate. Waltham, MA: UpToDate Inc. http://www.uptodate.com.

Central Nervous System Depressants & Buprenorphine-Containing Products:
Combined use of drugs classified as central nervous system (CNS) depressants may result in profound sedation, respiratory depression, coma, and death. FDA advises careful medication management with concomitant use of buprenorphine-containing products (commonly prescribed for treatment of opioid addiction) and CNS depressants including benzodiazepines, sedative hypnotics/tranquilizers, muscle relaxants, and opioid analgesics. Among other strategies, prescribers may educate patients about the serious risks of combined use, including overdose and death, which can occur with CNS depressants even when used as prescribed, as well as when used illicitly. It is also advised to limit dose and duration of each medication to the minimum required for desired clinical effect, as well as follow patients for signs and symptoms of respiratory depression and sedation. To assist with safe and appropriate management of these serious risks, the plan will require providers to submit a prior authorization and provide additional clinical information when buprenorphine-containing products and CNS depressants are prescribed together.

Reference:
U.S. Food and Drug Administration. Drug Safety Communication: FDA urges caution about withholding opioid addiction medications from patients taking benzodiazepines or CNS depressants: careful medication management can reduce risks. Available at https://www.fda.gov/media/127688/download.