

Glucagon – like Peptide – 1 (GLP-1) Receptor Agonists Drug Use Criteria

Created: December 2017

Reviewed: April 2019, October 2020, September 2021

Includes:

Byetta®(preferred GLP-1 agonist)	<i>Exenatide</i>
Trulicity®	<i>Dulaglutide</i>
Bydureon® Pen/Vial	<i>Exenatide Microspheres</i>
Victoza®	<i>Liraglutide</i>
Adlyxin®	<i>Lixisenatide</i>
Ozempic®	<i>Semaglutide</i>
Rybelsus®	<i>Semaglutide</i>

**Saxenda and Wegovy are not a covered benefit on OHP as medications are approved for chronic weight management only.*

GUIDELINE FOR USE:

Initial Request:

1. Is the medication being used for treatment of Type 2 Diabetes Mellitus? *Use for chronic weight management alone is not a covered benefit on OHP.*
 - a. Yes: go to #2
 - b. If no, deny as not meeting criteria. Off label or experimental use of medication is not a covered benefit on Oregon Health Plan.
2. Has member tried and failed metformin and at least two other oral glucose lowering agents, SGLT2 inhibitor, and basal insulin or have contraindications to these treatments? ** Does fill history support dose optimization and adherence?*
 - a. Yes: Go to #3
 - b. If no, deny as not meeting criteria. Please optimize dose of metformin and/or oral glucose lowering agent (s).
 - c. If no and on basal insulin: Trial of SGLT2 inhibitor is recommended as least costly alternative prior to use of GLP-1 agonist but will require a prior authorization request.
3. Is HgA1c level >7.5%
 - a) If yes and on prandial insulin, recommend approval for 3 months for Rebelsus, Trulicity or Ozempic.
 - b) If yes and request is for Byetta, Bydureon, Victoza or Adlyxin then recommend change to Adlyxin as least costly alternative and approve for 3 months.

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c). If no, deny as criteria not met. Endocrinology consult is a covered benefit.

Renewal Request:

1. Is there clinical documentation supporting response to therapy including reduction in HgA1c?
 - a. If yes, approve for 6 fills.
 - b. If no, deny as not meeting criteria. Recommend changing treatment plan to optimize HgA1c reduction.

Rationale:

To promote cost-effective and safe step-therapy management for type 2 diabetes mellitus. To ensure optimization of least costly formulary alternatives including metformin and sulfonylureas prior to initiating therapy with more costly GLP-1 agonists. Adherence and dose optimization will be reviewed using prescription refill history for consideration of coverage for GLP-1 agonists. GLP-1 agonists will not be covered for weight loss as use of medications for weight loss is not a covered benefit on OHP. To ensure engagement with lifestyle modifications to optimize glycemic control from Type 2 diabetic patients.

FDA Approved Indication:

These agents are add-on to lifestyle modifications such as diabetes education or dietary counseling to improve glycemic control in adults with Type 2 diabetes. Liraglutide is also indicated to reduce the risk of major adverse cardiovascular events in type diabetic adults with established cardiovascular disease. Dulaglutide has another indication of risk reduction of major cardiovascular events in adults with type 2 diabetes mellitus with cardiovascular disease or multiple cardiovascular risk factors. Semaglutide has an additional indication of risk reduction of major cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease.

References:

1. American Diabetes Association (ADA). Standards of Medical Care in Diabetes – 2021. Diabetes Care 2021 Jan; 44(Supplement 1): S111-S124.
2. Byetta Prescribing Information. Revised 6/2021.
3. Trulicity Prescribing Information. Revised 9/2020.
4. Bydureon Prescribing Information. Revised 12/2020.
5. Victoza Prescribing Information. Revised 11/2020.
6. Adlyxin Prescribing Information. Revised 7/2021.
7. Ozempic Prescribing Information. Revised 4/2021.
8. Wegovy Prescribing Information. Revised 6/2021.
9. Saxenda Prescribing Information. Revised 12/2020.
10. Guideline Note 5, Obesity and Overweight (Medications for weight loss are not a covered benefit of OHP)

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