MEDICAL MUTUAL®

Drug Policy

Policy: **Impacted Drugs:**	**Glucose-Dependent Insulinotropic Polypeptide (GIP) and Glucagon-Like Peptide-1 (GLP-1) Agonists** • **Adlyxin (lixisenatide)** • **Bydureon (exenatide synthetic)** • **Byetta (exenatide synthetic)** • **Mounjaro (tirzepatide)** • **Ozempic (semaglutide)** • **Rybelsus (semaglutide)** • **Trulicity (dulaglutide)** • **Victoza (liraglutide)**	**Annual Review Date:** **08/17/2023** **Last Revised Date:** **02/15/2024**

OVERVIEW

The glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) agonists addressed in this policy are indicated as adjuncts to diet and exercise to improve glycemic control in adults with **type 2 diabetes**. Victoza, Trulicity and Bydureon/Bydureon BCise are additionally indicated for type 2 diabetes in patients ≥ 10 years of age. Victoza, Ozempic, and Trulicity also have labeled indications related to cardiovascular (CV) risk reduction in adults with type 2 diabetes.

POLICY STATEMENT

This policy involves the use of glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) agonists. Prior authorization is recommended for pharmacy benefit coverage of glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) agonists. Approval is recommended for those who meet the conditions of coverage in the Criteria and Initial/Extended Approval for the diagnosis provided. Conditions Not Recommended for Approval are listed following the recommended authorization criteria. All approvals are provided for the approval duration noted below. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Automation:

- When available, ICD-10 codes starting with E11.* AND history of metformin use, alone or in combination, within the previous 130 days OR claims history for oral antidiabetic medications (excluding brand or generic single agent metformin products) within the last 365 days AND history of metformin use, alone or in combination, within the previous 130 days will be used for automation to allow approval of the requested medication.
- When non-preferred medications are requested the above automation applies AND a history of one Preferred medication within the 130-day look-back period, OR if within 365 days there were claims for both nonpreferred and preferred products.

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RECOMMENDED AUTHORIZATION CRITERIA
Coverage of glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) agonists is recommended in those who meet the following criteria:

1. **Type 2 Diabetes Mellitus**
   Criteria: *Approve for 1 year if the patient has tried generic metformin OR has a contraindication to the use of metformin*
   Note: Contraindications to metformin include severe renal dysfunction OR acute or chronic metabolic acidosis.

Initial Approval/ Extended Approval.
A) *Initial Approval:* 365 days (1 year)
B) *Extended Approval:* 365 days (1 year)

PREFERRED SPECIALTY MANAGEMENT

POLICY STATEMENT
A preferred step therapy program has been developed to encourage the use of a preferred product prior to the use of a non-preferred product. If the preferred step therapy rule is not met for a non-preferred agent at the point of service, coverage will be determined by the preferred step therapy criteria below. All approvals are provided for 12 months in duration.

Automation: A patient with a history of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Preferred Medications
- Bydureon (exenatide extended-release)
- Bydureon BCise (exenatide extended-release)
- Byetta (exenatide)
- Mounjaro (tirzepatide)
- Ozempic (semaglutide inection)
- Rybelsus (semaglutide oral tablet)
- Trulicity (dulaglutide)

Non-Preferred Medication
- Victoza (liraglutide [rDNA origin])
- Adlyxin (lixisenatide)

PREFERRED STEP THERAPY CRITERIA (FOR APPLICABLE REVIEWS)

1. If the patient has tried a preferred medication, then authorization for a non-preferred medication may be given

2. No other exceptions are recommended.

Approval Duration: 365 days (1 year)

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) agonists have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Type 1 Diabetes Mellitus.** None of the GLP-1 agonists are indicated for patients with type 1 diabetes.[1-8] Addition of GLP-1 receptor agonists to insulin therapy resulted in small (0.2%) reductions in HbA_{1C} among patients with type 1 diabetes compared with insulin alone.[9]

2. **Weight Loss Treatment**. Saxenda contains the same chemical entity as Victoza and is indicated at a higher dose for chronic weight management. Wegovy contains the same chemical entity as Ozempic and is indicated at a higher dose for chronic weight management. Endocrine Society guidelines for pharmacological management of obesity (2015) advise against off-label prescribing of medications such as GLP-1 receptor agonists for the sole purpose of producing weight loss.[10]

3. **Prediabetes/Diabetes Prevention.** GLP-1 agonists are not indicated in this setting.

4. **Polycystic Ovarian Syndrome (PCOS).** GLP-1 agonists are not indicated in this setting.

5. **Metabolic Syndrome**. The GLP-1 agonists are not indicated in a patient with metabolic syndrome who does not have type 2 diabetes. Note: If the patient has type 2 diabetes, refer to FDA-Approved Indication.

6. **Concomitant use with other glucagon-like peptide-1 (GLP-1) agonists or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonists.** Mounjaro (tirzepatide SC injection),.Adlyxin (lixisenatide subcutaneous [SC] injection), Byetta (exenatide SC injection), Bydureon (exenatide extended-release SC injectable suspension), Bydureon BCise (exenatide extended-release SC injectable suspension), Ozempic (semaglutide SC injection), Rybelsus (semaglutide tablets), Trulicity (dulaglutide SC injection), and Victoza (liraglutide SC injection) should not be combined with each other or with any other GLP-1 agonists or GLP-1/GIP agonists. Other GLP-1 products are FDA-approved for chronic weight management and are not indicated for type 2 diabetes. Note: Examples of other GLP-1 agonists include but are not limited to Wegovy, Saxenda, and Zepbound.

7. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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13. Ozempic® [prescribing information]. Plainsboro, NJ: Novo Nordisk; April 2021.
14. Adlyxin™ injection [prescribing information]. Bridgewater, NJ: Sanofi-aventis US; July 2021.
15. Rybelsus [prescribing information]. Bagsvaerd, Denmark: Novo Nordisk; April 2021.