

Clinical Policy Title:	Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
Policy Number:	RxA.799
Drug(s) Applied:	Bydureon BCise®, Trulicity®, Victoza, Byetta®, Ozempic®, Rybelsus® and Mounjaro®
Original Policy Date:	07/13/2023
Last Review Date:	04/15/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial and Continued Approval Criteria:

A. Advanced prior authorization: Type 2 Diabetes Mellitus

1. Diagnosis of Type 2 Diabetes Mellitus confirmed by historical ICD-10 code: E11

B. Type 2 Diabetes Mellitus (must meet all):

1. Member meets one of the following (a or b):
 - a. Member requires ongoing treatment for type 2 diabetes mellitus and has submitted medical records (e.g., chart notes) confirming diagnosis of type 2 diabetes mellitus;
 - b. Submission of medical records (e.g., chart notes) confirming diagnosis of type 2 diabetes mellitus as evidenced by one of the following laboratory values (i, ii, iii, or iv):
 - i. A1C \geq 6.5%;
 - ii. Fasting plasma glucose (FPG) \geq 126 mg/dL;
 - iii. 2-hour plasma glucose (PG) \geq 200 mg/dL during OGTT (oral glucose tolerance test);
 - iv. Random plasma glucose \geq 200 mg/dL;

Approval Duration:

All Lines of Business (except Medicare): 12 months

References

1. American Diabetes Association. Introduction: standards of medical care in diabetes—2022. Diabetes Care. 2022;45(Supplement_1): S1-S2. Available at: <https://doi.org/10.2337/dc22-Sint>. Accessed June 16, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	06/16/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy reviewed. 1. Removed requirement for t/f Metformin 2. Removed age and dosing criteria 3. Removed ASCV, CKD criteria	3/1/2024	2/28/2024
Policy Reviewed: 1. Added diagnostic criteria: Random blood glucose 2. Added APA criteria	4/15/2024	4/15/2024