VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Diabetes – Glucagon-Like Peptide-1 Agonists

- Adlyxin® (lixisenatide injection – sanofi-aventis)
- Bydureon® (exenatide extended-release injectable suspension – AstraZeneca)
- Bydureon BCise® (exenatide extended-release injectable suspension – AstraZeneca)
- Byetta® (exenatide injection – AstraZeneca)
- Ozempic® (semaglutide injection – Novo Nordisk)
- Rybelsus® (semaglutide tablets – Novo Nordisk)
- Tanzeum™ (albiglutide injection – GlaxoSmithKline [obsolete 07/31/2018])
- Trulicity® (dulaglutide injection – Eli Lilly)
- Victoza® (liraglutide injection – Novo Nordisk)

TAC APPROVAL DATE: 10/09/2019

OVERVIEW

The glucagon-like peptide-1 (GLP-1) receptor agonists addressed in this policy are indicated as adjuncts to diet and exercise to improve glycemic control in adults with type 2 diabetes.[1-9] Victoza is additionally indicated for type 2 diabetes in patients ≥ 10 years of age.[2] Victoza is also indicated to reduce the risk of major adverse cardiovascular (CV) events (MACE) [CV death, non-fatal myocardial infarction [MI], or non-fatal stroke) in adults with type 2 diabetes mellitus and established CV disease.

Guidelines/Consensus or Position Statements

The American Diabetes Association (ADA) Standards of Care (2019), American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE), and the European Association for the Study of Diabetes (EASD) generally make similar recommendations for the management of hyperglycemia in patients with type 2 diabetes.[10-12] In general, metformin is the first-line medication, additional treatment is guided by adverse event profiles, glycemic efficacy, and other patient factors.

According to the ADA Standards of Care (2019), among patients with type 2 diabetes with established atherosclerotic CV disease (ASCVD), sodium-glucose co-transporter 2 (SGLT-2) inhibitors or GLP-1 agonists with demonstrated CV disease benefit (Victoza > Ozempic > Bydureon) are recommended as part of the antihyperglycemic regimen.[10] GLP-1 agonists are also useful as add-on therapy for patients who are inadequately controlled on dual or triple antihyperglycemic therapy; GLP-1 agonists should be initiated before insulin in most patients with type 2 diabetes. Of note, these guidelines have not yet been updated to address CV outcomes data for Trulicity or Rybelsus.

Guidelines from the European Society of Cardiology and the EASD on diabetes, pre-diabetes, and CV diseases (2019) state that patients with type 2 diabetes and ASCVD or high CV risk should be initiated on an SGLT-2 inhibitor or GLP-1 receptor agonist, regardless of whether the patient is already on metformin.[11] The guidelines go on to say that for patients with prevalent CVD, Victoza or Jardiance® (empagliflozin tablets) should be recommended to reduce risk for mortality. It is noted that the benefits of GLP-1 agonists are most likely derived through reduction in arteriosclerosis-related events, whereas SGLT-2 inhibitors seem to reduce HF-related endpoints. For patients without ASCVD/high CV risk, metformin is the first-line recommendation for monotherapy.

AACE recommendations (2019) include a glycemic control algorithm based on glycosylated hemoglobin (HbA_{1C}) at entry.[12] For those with an $HbA_{1C} < 7.5\%$, but not at target ($\leq 6.5\%$ per the AACE guidelines), monotherapy is recommended. Metformin is generally the preferred agent, but a GLP-1 agonist or SGLT-2 inhibitor with proven CVD/CKD benefit is recommended for patients in whom those comorbidities are present. For patients with higher HbA_{1C} at treatment initiation or who fail to reach their glycemic target on metformin monotherapy, combination therapy is recommended with metformin plus other agents; the strength of recommendation is greatest for GLP-1 agonists or SGLT-2 inhibitors.

POLICY STATEMENT

Prior authorization is recommended for prescription benefit coverage of the GLP-1 agonists targeted in this policy. Of note, Saxenda® (liraglutide injection) is indicated for weight loss, not diabetes, and is not targeted in this policy. All approvals are provided for the duration noted below.

Automation: If criteria for previous use of an oral medication for diabetes (this includes all oral medications for diabetes) in the past 130 days are not met at the point of service, coverage will be determined by prior authorization criteria.

RECOMMENDED AUTHORIZATION CRITERIA

FDA-Approved Indications

Coverage is recommended in those who meet the following criteria:

1. **Type 2 Diabetes Mellitus.** Approve for 3 years.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

The GLP-1 agonists in this policy 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. Rationale for non-coverage for these specific conditions is provided below. (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.[1-9] 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.[10]

2. **Weight Loss Treatment**. Saxenda contains the same chemical entity as Victoza at a higher dosage and is indicated 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.

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

REFERENCES

1. Byetta® injection [prescribing information]. Wilmington, DE: AstraZeneca; December 2018.
2. Victoza® injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; June 2019.

3. Bydureon® injectable suspension [prescribing information]. Wilmington, DE: AstraZeneca; February 2019.
4. Tanzeum™ injection [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2017.
5. Trulicity® injection [prescribing information]. Indianapolis, IN: Eli Lilly; January 2019.
6. Adlyxin® injection [prescribing information]. Bridgewater, NJ: sanofi-aventis; January 2019.
7. Bydureon BCise® injectable suspension [prescribing information]. Wilmington, DE: AstraZeneca; July 2019.
8. Ozempic® injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; April 2019.
9. Rybelsus® tablets [prescribing information]. Plainsboro, NJ: Novo Nordisk; September 2019.
10. Standards of Medical Care in Diabetes—2019. American Diabetes Association. *Diabetes Care*. 2019;42(Suppl 1):S1-S2. Available at: https://care.diabetesjournals.org/content/42/Supplement_1/S1. Accessed on October 2, 2019.
11. Cosentino F, Grant PJ, Aboyans V, et al.; ESC Scientific Document Group. 2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD. *Eur Heart J*. 2019 Aug 31 [Epub ahead of print].
12. Garber AJ, Abrahamson MJ, Barzilay JI, et al. Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the comprehensive type 2 diabetes management algorithm – 2019 executive summary. *Endocr Pract.* 2019;25(1):69-100.
13. Apovian CM, Aronne LJ, Bessesen DH, et al. Pharmacological management of obesity: An endocrine society clinical practice guideline. *J Clin Endocrinol Metab*. 2015;100(2):342-362. Available at: http://press.endocrine.org/doi/pdf/10.1210/jc.2014-3415. Accessed on September 27, 2019.

HISTORY

Type of Revision	Summary of Changes*	TAC Approval Date
Selected revision	Bydureon BCise and Ozempic are added to the policy	02/14/2018
Annual revision	No criteria changes	07/11/2018
Annual revision	No criteria changes	07/10/2019
Early annual revision	Rybelsus added to policy. Policy statement clarified to note that Saxenda is not targeted in this policy.	10/09/2019

* For a further summary of criteria changes, refer to respective TAC minutes available at: http://esidepartments/sites/Dep043/Committees/TAC/Forms/AllItems.aspx; TAC – Therapeutic Assessment Committee.