AETNA BETTER HEALTH® Coverage Policy/Guideline				
Name:	Antidiabetic Agents Step Therapy Criteria Liraglutide – Ozempic – Segluromet - Steglatro		Page:	1 of 4
Effective Date:	5/29/2025		Last Review Date:	5/1/2025
Applies to:	☐ Illinois ☒ Maryland	☒ Florida Kids ☒ Pennsylvania Kids	☒ New Jersey ☐ Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Liraglutide, Ozempic, Segluromet, and Steglatro under the patient's prescription drug benefit.

Description:

Ozempic

FDA-approved Indications

Ozempic is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.
- to reduce the risk of sustained eGFR decline, end-stage kidney disease, and cardiovascular death in adults with type 2 diabetes mellitus and chronic kidney disease

Segluromet

FDA-approved Indications

Segluromet is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:
Not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus

Steglatro

FDA-approved Indications

Steglatro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:
Not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus.

Victoza

FDA-approved Indications

Liraglutide is indicated:

- as an adjunct to diet and exercise to improve glycemic control in patients 10 years and older with type 2 diabetes mellitus.

- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use:
- Liraglutide should not be used in patients with type 1 diabetes mellitus.
- Liraglutide contains liraglutide and should not be co-administered with other liraglutide-containing products.

Compendial Uses:
- Advanced chronic kidney disease (CKD) in adults with type 2 diabetes mellitus

Applicable Drug List:

Formulary with Step Therapy:
Liraglutide
Ozempic
Segluromet
Steglatro

Policy/Guideline:

Coverage Criteria
Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months when ALL of the following criteria are met:

- If the request is for a Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists [Note: Examples of GLP-1 Agonists are liraglutide and Ozempic.], then ONE of the following criteria is met:
  - The patient has a history of an A1C greater than or equal to 6.5 percent. [ACTION REQUIRED: Documentation is required for approval.]
  - The patient has a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT). [ACTION REQUIRED: Documentation is required for approval.]
  - The patient has a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL. [ACTION REQUIRED: Documentation is required for approval.]
  - The patient has a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL [ACTION REQUIRED: Documentation is required for approval.] when the following criteria is met:
    - The patient fasted for at least 8 hours prior to the fasting plasma glucose (FPG) greater than or equal to 126 mg/dL.

- The patient meets ONE of the following criteria:
  - The patient experienced an inadequate treatment response, intolerance, or has a contraindication to metformin.
  - The patient requires combination therapy AND has an A1C of 7.5 percent or greater.
  - The patient has established cardiovascular disease, and the following criteria is met:
    - The request is for Ozempic or liraglutide.
  - The patient has a diagnosis of chronic kidney disease AND the following criteria is met:
    - The request is for Ozempic.
  - The patient has a diagnosis of advanced chronic kidney disease (CKD) (estimated glomerular filtration rate [eGFR] less than 30 mL/min/1.73m2) and the following criteria is met:
    - The request is for liraglutide.

Continuation of Therapy
Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has been receiving a stable maintenance dose of the requested drug for at least 3 months when ALL of the following criteria are met:

- If the request is for a Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists [Note: Examples of GLP-1 Agonists are liraglutide and Ozempic.], then ONE of the following criteria is met:
  - The patient has a history of an A1C greater than or equal to 6.5 percent. [ACTION REQUIRED: Documentation is required for approval.]
  - The patient has a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT). [ACTION REQUIRED: Documentation is required for approval.]
  - The patient has a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL. [ACTION REQUIRED: Documentation is required for approval.]
  - The patient has a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL [ACTION REQUIRED: Documentation is required for approval.] when the following criteria is met:
    - The patient fasted for at least 8 hours prior to the fasting plasma glucose (FPG) greater than or equal to 126 mg/dL
- The patient meets ONE of the following criteria:
  - The patient has demonstrated a reduction in A1C since starting this therapy.
  - The patient has established cardiovascular disease, and the following criteria is met:
    - The request is for Ozempic or liraglutide
  - The patient has a diagnosis of chronic kidney disease, and the following criteria is met:

- The request is for Ozempic.

- The patient has a diagnosis of advanced chronic kidney disease (CKD) (estimated glomerular filtration rate [eGFR] less than 30 mL/min/1.73m2) and the following criteria is met:
  - The request is for liraglutide.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Ozempic [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; January 2025.
2. Segluromet [package insert]. Rahway, NJ: Merck Sharpe & Dohme LLC.; September 2023.
3. Steglatro [package insert]. Rahway, NJ: Merck Sharpe & Dohme LLC.; September 2023.
4. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; July 2023.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed March 4, 2024.
6. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 03/04/2024).
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9. American Diabetes Association Professional Practice Committee. American Diabetes Association, Standards of Care in Diabetes – 2024. Diabetes Care. 2024:47(Suppl. 1):S1-S322.
10. Heidenreich PA, Bozkurt B, Aguilar D et. al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2022;79:e263-e421.
11. Kittleson MM, Panjrath GS, Amancherla K et. al. 2023 ACC expert consensus decision pathway on management of heart failure with preserved ejection fraction: a report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol.* 2023;81(18):1835-1878.
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13. Samson SL, Vellanki P, Blonde L et. al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update. Endocrine Practice 2023;29(5):P305-340.