AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Liraglutide & Ozempic	Page:	1 of 4
Effective Date:	4/2/2025	Last Review Date:	2/2025

Applies to:	☐Illinois	☐Florida	☒Florida Kids
	☐New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	☒Kentucky PRMD

Intent:

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

Description:

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[30]

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

Applicable Drug List:

Formulary with Step Therapy:

Liraglutide
Ozempic

Policy/Guideline:

If the patient has filled a prescription for at least a 30-day supply of metformin when the date of a metformin fill is AT LEAST 10 days prior to the claim for a GLP-1 receptor agonist or a GIP-GLP-1 receptor agonist within the past 180 days under a prescription benefit administered by Aetna Better Health, then the requested drug will be paid under that prescription benefit.

If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

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 (semaglutide) or liraglutide
- The patient has a diagnosis of chronic kidney disease AND the following criteria is met:
  - The request is for Ozempic (semaglutide)
- 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 (semaglutide) or liraglutide
  - The patient has a diagnosis of chronic kidney disease and the following criteria is met:
    - The request is for Ozempic (semaglutide)

- 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. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; July 2023.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed March 4, 2024.
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5. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. Endocrine Practice 28 (2022) 923-1049.
6. Davies MJ, Aroda VR, Collins BS, et. al. Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetes Care. 2022;45(11):2753-2786.
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8. 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.
9. 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.
10. Maddox TM, Januzzi JL Jr, Allen LA, et. al. 2024 ACC expert consensus decision pathway for treatment of heart failure with reduced ejection fraction: a report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol* 2024;XX:XXX-XX.
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