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AETNA BE	TTER HEALTH®			
Coverage	Policy/Guideline			
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Analiaa	□Illinois	□Florida	⊠Florida Kids	
Applies to:	⊠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, Ozempic, and Trulicity under the patient's prescription drug benefit.

### **Description:**

### Liraglutide

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 coadministered with other liraglutide-containing products.

### Compendial Uses

Advanced chronic kidney disease (CKD) in adults with type 2 diabetes mellitus

### 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.

#### Limitations of Use

- Ozempic has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Ozempic is not indicated for use in patients with type 1 diabetes mellitus.

# Compendial Uses

Advanced chronic kidney disease (CKD) in adults with type 2 diabetes mellitus

#### Trulicity is indicated:

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

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 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 who have established cardiovascular disease or multiple cardiovascular risk factors.

## **Limitations of Use**

- Trulicity has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Trulicity should not be used in patients with type 1 diabetes mellitus.
- Trulicity has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis and is therefore not recommended in these patients.

#### Compendial Uses

Advanced chronic kidney disease (CKD) in adults with type 2 diabetes mellitus

### **Applicable Drug List:**

Formulary with Step Therapy: Liraglutide, Ozempic, and Trulicity

#### **Policy/Guideline:**

If the patient has filled at least 60 days of metformin within the past 180 days under the Aetna Better Health prescription benefit and has a diagnosis of Type 2 Diabetes, 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 ONE of the following criteria are met:

- The patient experienced an inadequate treatment response, intolerance, or has a contraindication to metformin
- The patient requires combination therapy AND has an AIC of 7.5 percent or greater
- The patient has established cardiovascular disease and the following criteria is met:
  - o Ozempic (semaglutide), Trulicity (dulaglutide), or liraglutide
- The patient has multiple cardiovascular risk factors and the following criteria is met:
  - The request is for Trulicity (dulaglutide)
- The patient has a diagnosis of advanced chronic kidney disease (CKD) (estimated glomerular filtration rate [eGFR] less than 30 mL/min/1.73m<sup>2</sup>) and the following criteria is met:
  - The request is for Ozempic (semaglutide), Trulicity (dulaglutide) or liraglutide

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### **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 ONE of the following criteria are met:

- The patient has demonstrated a reduction in A1C since starting this therapy
- The patient has established cardiovascular disease and the following criteria is met:
  - o Ozempic (semaglutide), Trulicity (dulaglutide), or liraglutide
- The patient has multiple cardiovascular risk factors and the following criteria is met:
  - The request is for Trulicity (dulaglutide)
- The patient has a diagnosis of advanced chronic kidney disease (CKD) (estimated glomerular filtration rate [eGFR] less than 30 mL/min/1.73m<sup>2</sup>) and the following criteria is met:
  - o The request is for Ozempic (semaglutide), Trulicity (dulaglutide) or liraglutide

# **Approval Duration and Quantity Restrictions:**

Approval: 12 months

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

#### References:

- 1. Ozempic [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; September 2023.
- 2. Trulicity [package insert]. Indianapolis, IN: Eli Lilly and Company; December 2022.
- 3. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; July 2023.
- 4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed March 4, 2024.
- 5. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 03/04/2024).
- 6. 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.
- 7. 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.
- 8. American Diabetes Association Professional Practice Committee. American Diabetes Association, Standards of Care in Diabetes 2024. Diabetes Care. 2024:47(Suppl. 1):S1-S322.
- 9. 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.
- 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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- 11. 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.
- 12. 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.