

**Incretin Mimetics**  
Effective April 17, 2019

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

**First-Line:** Medications listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.

**Coverage Guidelines**

FIRST-LINE	SECOND-LINE
metformin or a metformin-containing product	Trulicity (dulaglutide) single-use pens Ozempic (semaglutide) Victoza (liraglutide) pen injector

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

1. A diagnosis of Type II Diabetes mellitus **AND**
  2. The patient has been started and stabilized on the requested medication
- OR**
2. Patient has tried metformin or a metformin-containing product **AND** had a documented inadequate response

**OR**

2. Patient has a documented side effect, allergy or contraindication (i.e. renal insufficiency, liver disease, heart failure, history of lactic acidosis) to metformin.

**Limitations**

1. Approvals will be granted for 36 months.
2. The following quantity limits apply:

Trulicity	4 units per 28
Ozempic	2 pens per 28 days
Victoza	3 pens per 30 days

**References**

1. Glucophage and Glucophage XR (metformin hydrochloride) tablets and extended-release tablets [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; May 2018
2. Ozempic (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; December 2017.
3. Victoza (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; January 2018
4. Trulicity (dulaglutide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; July 2018
5. Marso SP, Daniels GH, Brown-Frandsen K, et al. Liraglutide and Cardiovascular Outcomes in Type 2 Diabetes. *N Engl J Med* 2016; 375:311
6. Vilsbøll T, Bain SC, Leiter LA, et al. Semaglutide, reduction in glycated haemoglobin and the risk of diabetic retinopathy. *Diabetes Obes Metab* 2018; 20:889
7. Pratley RE, Aroda VR, Lingvay I, et al. Semaglutide versus dulaglutide once weekly in patients with type 2 diabetes (SUSTAIN 7): a randomised, open-label, phase 3b trial. *Lancet Diabetes Endocrinol* 2018; 6:275
8. Rodbard HW, et al. Statement by an American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus: An Algorithm for Glycemic Control. *Endocrine Practice*. 2009;15(6):541-549. [www.aace.com/pub/pdf/GlycemicControlAlgorithm.pdf](http://www.aace.com/pub/pdf/GlycemicControlAlgorithm.pdf)
9. Nathan DM, Buse JB, Davidson MB, Ferrannini E, Holman RR, Sherwin R, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009 Jan;32(1):193-203.
10. Qaseem A, Humphrey LL, Sweet DE, Starkey M, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Oral pharmacologic treatment of type 2 diabetes mellitus: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2012;156(3):218-31.
11. Tuttle KR, Lakshmanan MC, Rayner B, et al. Dulaglutide versus insulin glargine in patients with type 2 diabetes and moderate-to-severe chronic kidney disease (AWARD-7): a multicentre, open-label, randomised trial. *Lancet Diabetes Endocrinol* 2018; 6:605
12. American Diabetes Association. Standards of medical care in diabetes – 2015. *Diabetes Care*.2016(Jan);38(suppl 1):S1-S112
13. Handelsman et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for developing a diabetes mellitus comprehensive care plan. *Endocr Pract*. 2011 Mar-Apr;17 Suppl 2:1-53.



14. Retnakaran R, Kramer CK, Choi H, Swaminathan B, Zinman B. Liraglutide and the preservation of pancreatic B-cell function in early type 2 diabetes: The Libra Trial. *Diabetes Care*. 2014;37:3270-78.
15. Yu OHY, Filion KB, Azoulay L, Patenaude V, Majdan A, Suissa S. Incretin-based drugs and the risk of congestive heart failure. *Diabetes Care*. 2015;38:277-84.
16. Inzucchi SE, BergenstalRM, Buse JB, Diamant M, Ferrannini E, Nauck M, et al. Management of hyperglycemia in type 2 diabetes, 2015: A patient-centered approach. *Diabetes Care*. 2015;38:140-9.

### **Review History**

- 09/25/06 – Updated
- 04/23/07 – Reviewed
- 04/28/08 – Updated
- 08/21/08 – Metformin-containing products
- 02/01/09 – Prandimet
- 04/27/09 – Reviewed
- 04/26/10 – Reviewed
- 11/01/10 – Victoza criteria
- 12/15/10 – Disclaimer
- 04/25/11 – Reviewed
- 03/19/12 – Bydureon
- 04/23/12 – Updated
- 04/22/13 – Reviewed
- 04/27/13 – Updated
- 04/28/14 – Reviewed
- 11/03/14 – Bydureon Pen added
- 01/12/15 – Added Tanzeum
- 04/25/16 – Updated
- 04/24/17 – Updated
- 04/23/18 – Added Ozempic
- 04/17/19 – Removed Tanzeum

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