

Incretin Mimetics
Effective April 17, 2019

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	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	Byetta (exenatide) (MH Preferred Brand) Bydureon (exenatide once weekly) Ozempic (semaglutide) Tanzeum (albiglutide) Trulicity (dulaglutide) Victoza (liraglutide)

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 **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:

Bydureon, Byetta, Tanzeum, and Trulicity	4 units per 28
Ozempic	2 pens per 28 days
Victoza	3 pens per 30 days

References

1. Byetta® [package insert]. San Diego, CA; Amylin Pharmaceuticals Inc. 2018 Dec.
2. Bydureon® [package insert]. San Diego, CA; Amylin Pharmaceuticals Inc. 2019 Feb.
3. Victoza® [package insert]. Princeton, NJ; Novo Nordisk. 2017 Aug.
4. Tanzeum [package insert]. Wilmington (DE): GlaxoSmithKline LLC.; 2017 Dec.
5. Trulicity® [package insert]. Indianapolis (IN): Eli Lilly & Company; 2019 Jan.
6. 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
7. 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.
8. 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.
9. Pawaskar M, Li Q, Hoogwerf BJ, Reynolds MW, Faries D, Engelman W, et al. Metabolic outcomes of matched patient populations initiating exenatide BID vs. insulin glargine in an ambulatory care setting. *Diabetes, Obesity and Metabolism*. 2012; published online ahead of print (8 Mar 2012). Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1463-1326.2012.01581.x/pdf>. DOI: 10.1111/j.1463-1326.2012.01581.x
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12. 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.
13. 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.



14. 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.
15. 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.
16. Xu W, Bi Y, Sun Z, et al. Comparison of the effects on glycaemic control and β -cell function in newly diagnosed type 2 diabetes patients of treatment with exenatide, insulin or pioglitazone: a multicentre randomized parallel-group trial (the CONFIDENCE study). *J Intern Med*. 2015277(1):137-50.
17. FDA approves Trulicity® (dulaglutide), Lilly’s once-weekly therapy for adults with type 2 diabetes [press release on the internet]. Indianapolis IN): Eli Lilly and Company: 2014 Sep 18 [cited 2015 Mar 27]]. Available at: <http://lilly.mediaroom.com/>

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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