Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date:05/01/2019**
Policy Number: PA.CP.PST.14	**Effective Date: 03/01/2018** **Revision Date: 04/2019**
Policy Name: Glucagon-Like Peptide-1 (GLP-1) Agonists	**HC Approval Date:**

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ☐ **Revised Policy***
- ☐ **Annual Review – No Revisions**
- ☐ **Attestation of HC PARP Policy –** *This option should only be used during Readiness Review for Community HealthChoices. The policy must be identical to the PARP approved policy for the HealthChoices Program, with the exception of revisions/clarifications adding the term "Community HealthChoices" to the policy.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

This policy is being retired or replaced by the following:
PA.CP.PMN.183 Glucagon-Like Peptide-1 (GLP-1) Agonists

Name of Authorized Individual (Please type or print): **Francis G. Grillo, MD**	**Signature of Authorized Individual:** Francis G. Grillo M.D

Clinical Policy: Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

Reference Number: PA.CP.PST.14
Effective Date: 03.01.18
Last Review Date: 07.18

Revision Log

Description
The following agents are synthetic glucagon-like peptide-1 (GLP-1) receptor agonists requiring step therapy: albiglutide (Tanzeum®), dulaglutide (Trulicity®), exenatide ER (Bydureon®, Bydureon® BCise™), exenatide IR (Byetta®), liraglutide (Victoza®), liraglutide/insulin degludec (Xultophy®), lixisenatide (Adlyxin®), and lixisenatide/insulin glargine (Soliqua®).

FDA Approved Indication(s)
GLP-1 receptor agonists are indicated as adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Victoza is also indicated to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease.

Soliqua and Xultophy should be used in those inadequately controlled on basal insulin (< 60 units daily for Soliqua; < 50 units daily for Xultophy), lixisenatide (for Soliqua only), or liraglutide ≤ 1.8 mg daily (for Xultophy only).

Limitation(s) of use:
- GLP-1 receptor agonists are not recommended as a first-line therapy for patients inadequately controlled on diet and exercise.
- Other than Soliqua and Xultophy which contain insulin, GLP-1 receptor agonists are not a substitute for insulin. They should not be used for the treatment of type 1 diabetes or diabetic ketoacidosis.
- Other than Trulicty, concurrent use with prandial insulin has not been studied and cannot be recommended.
- GLP-1 receptor agonists have not been studied in patients with a history of pancreatitis. Other antidiabetic therapies should be considered.
- Tanzeum and Trulicity are not for patients with pre-existing severe gastrointestinal disease.
- Adlyxin has not been studied in patients with gastroparesis and is not recommended in patients with gastroparesis.

Policy/Criteria
Provider must submit documentation (including such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health & Wellness that GLP-1 receptor agonists are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Step Therapy for GLP-1 Receptor Agonists (must meet all)**:**

1. Age ≥ 18 years;
2. Member meets one of the following (a or b):
   a. Previous use of ≥ 3 consecutive months of metformin, unless contraindicated or clinically significant adverse effects are experienced;
   b. HbA1c drawn within the past 3 months is ≥ 9%, and concurrent use of metformin unless contraindicated or clinically significant adverse effects are experienced;
3. If request is for a non-preferred GLP-1 receptor agonist, previous use of ≥ 3 consecutive months of a preferred GLP-1 receptor agonist, unless contraindicated or clinically significant adverse effects are experienced;
4. Dose does not exceed the FDA approved maximum recommended dose.

Approval duration: 12 months

B. Other diagnoses/indications: Not applicable

II. Continued Therapy

A. Step Therapy for GLP-1 Receptor Agonists (must meet all)**:**

1. Currently receiving medication via PA Health &Wellness benefit or member has met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. If request is for a dose increase, new dose does not exceed the FDA approved maximum recommended dose.

Approval duration: 12 months

B. Other diagnoses/indications: Not applicable

III. Diagnoses/Indications for which coverage is NOT authorized: Not applicable

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AACE: American Association of Clinical Endocrinologists
ACE: American College of Endocrinology
ADA: American Diabetes Association
ER: extended-release
FDA: Food and Drug Administration
GLP-1: glucagon-like peptide-1
HbA1c: glycated hemoglobin
IR: immediate-release

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
metformin (Fortamet®,	Regular-release (Glucophage): 500 mg PO BID or 850 mg PO QD; increase as needed in	Regular-release: 2550 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Glucophage®, Glucophage® XR, Glumetza®)	increments of 500 mg/week or 850 mg every 2 weeks Extended-release: • Fortamet, Glumetza: 1000 mg PO QD; increase as needed in increments of 500 mg/week • Glucophage XR: 500 mg PO QD; increase as needed in increments of 500 mg/week	Extended-release • Fortamet: 2500 mg/day • Glucophage XR, Glumetza: 2000 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: General Information

- A double-blind, placebo-controlled dose-response trial by Garber et al. found the maximal efficacy of metformin to occur at doses of 2000 mg. However, the difference in adjusted mean change in HbA1c between the 1500 and 2000 mg doses was 0.3%, suggesting that the improvement in glycemic control provided by the additional 500 mg may be insufficient when HbA1c is > 7%.
- Per the 2018 American Diabetes Association (ADA) and 2017 American Association of Clinical Endocrinologists and American College of Endocrinology (AACE/ACE) guidelines:
  - Metformin is recommended for all patients with type 2 diabetes. Monotherapy is recommended for most patients; however:
    - Starting with dual therapy (i.e., metformin plus another agent, such as a sulfonylurea, thiazolidinedione, dipeptidyl peptidase-4 inhibitor, sodium-glucose co-transporter inhibitor, GLP-1 receptor agonist, or basal insulin) may be considered for patients with baseline HbA1c ≥ 9% per the ADA (≥ 7.5% per the AACE/ACE).
    - Starting with combination injectable therapy (i.e., with GLP-1 receptor agonist or insulin) may be considered for patients with baseline HbA1c ≥ 10% per the ADA (≥ 9% if symptoms are present per the AACE/ACE).
  - If the target HbA1c is not achieved after approximately 3 months of monotherapy, dual therapy should be initiated. If dual therapy is inadequate after 3 months, triple therapy should be initiated. Finally, if triple therapy fails to bring a patient to goal, combination injectable therapy should be initiated. Each non-insulin agent added to initial therapy can lower HbA1c by 0.9-1.1%.

V. Dosage and Administration

Drug Name	Dosing Regimen	Maximum Dose
Adlyxin (lixisenatide)	Initial dose: 10 mcg SC daily for 14 days Maintenance dose: 20 mcg SC daily	20 mcg/day
Bydureon (exenatide ER)	2 mg SC once weekly	2 mg/week
Bydureon BCise (exenatide ER)	2 mg SC once weekly	2 mg/week

Drug Name	Dosing Regimen	Maximum Dose
Byetta (exenatide IR)	5 mcg to 10 mcg SC twice daily	20 mcg/day
Soliqua (lixisenatide/ insulin glargine)	15 units (15 units insulin/5 mcg lixisenatide) or 30 units (30 units insulin/10 mcg lixisenatide) SC QD	60 units (60 units insulin/20 mcg lixisenatide)/day
Tanzeum (liraglutide)	30 mg to 50 mg SC once weekly	50 mg/week
Trulicity (dulaglutide)	0.75 mg to 1.5 mg SC once weekly	1.5 mg/week
Victoza (liraglutide)	Initial: 0.6 mg SC daily for 7 days Maintenance: 1.2 mg to 1.8 mg SC daily	1.8 mg/day
Xultophy (liraglutide/ insulin degludec)	16 units (16 units insulin/0.58 mg liraglutide) SC QD	50 units (50 units insulin/1.8 mg liraglutide)/day

VI. Product Availability

Drug Name	Availability
Adlyxin (lixisenatide)	• Multi-dose prefilled pen: 50 mcg/mL in 3 mL (14 doses; 10 mcg/dose) • Multi-dose prefilled pen: 100 mcg/mL in 3 mL (14 doses; 20 mcg/dose)
Bydureon (exenatide ER)	• Single-dose tray: 2 mg vial • Single-dose prefilled pen: 2 mg pen
Bydureon BCise (exenatide ER)	Single-dose autoinjector: 2 mg
Byetta (exenatide IR)	• Prefilled pen: 5 mcg/dose (0.02 mL) in 1.2 mL (60 doses) • Prefilled pen: 10 mcg/dose (0.04 mL) in 2.4 mL (60 doses)
Soliqua (lixisenatide/ insulin glargine)	Single-patient use pen: 33 mcg/100 units per mL in 3 mL
Tanzeum (liraglutide)	Single dose prefilled pen powder: 30 mg and 50 mg
Trulicity (dulaglutide)	• Single-dose prefilled pen: 0.75 mg/0.5mL and 1.5 mg/0.5mL • Single-dose prefilled syringe: 0.75 mg/0.5mL and 1.5 mg/0.5mL
Victoza (liraglutide)	Multi-dose prefilled pen: 6 mg/mL in 3 mL (doses of 0.6 mg, 1.2 mg, or 1.8 mg)
Xultophy (liraglutide/ insulin degludec)	Single-patient use pen: 3.6 mg/100 units per mL in 3 mL

VII. References

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8. Trulicity Prescribing Information. Indianapolis, IN: Eli Lilly and Company, Inc; August 2017. Available at: www.trulicity.com. Accessed November 29, 2017.
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11. Garber AJ, Duncan TG, Goodman AM, et al. Efficacy of metformin in type II diabetes: results of a double-blind, placebo-controlled, dose-response trial. Am J Med. 1997; 102: 491-497.
12. Garber AJ, Abrahamson MJ, Barzilay, JI, et al. Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the comprehensive type 2 diabetes management algorithm – 2017 executive summary. Endocr Pract. 2017; 23(2): 207-238.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
This policy is being retired or replaced by the following: PA.CP.PMN.183 Glucagon-Like Peptide-1 (GLP-1) Agonists	4/19	