



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1332-3
Program	Prior Authorization/Notification: Diabetes Medications – GLP-1 Receptor Agonists
Medication	Adlyxin (lixisenatide), Bydureon (exenatide extended-release), Bydureon BCise (exenatide extended-release), Byetta (exenatide), Ozempic (semaglutide), Rybelsus (semaglutide), Trulicity (dulaglutide), Victoza (liraglutide)
P&T Approval Date	10/2020, 11/2021
Effective Date	2/1/2022: Oxford only: 2/1/2022

1. Background:

Adlyxin (lixisenatide), Byetta (exenatide), Ozempic (semaglutide), Rybelsus (semaglutide), and Trulicity (dulaglutide), are indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Bydureon (exenatide extended-release), Bydureon BCise (exenatide extended-release), and Victoza (liraglutide) are indicated as an adjunct to diet and exercise to improve glycemic control in patients 10 years of age and older with type 2 diabetes mellitus. Ozempic, Trulicity and Victoza are also indicated 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.

2. Coverage Criteria:

A. Initial Authorization

1. Adlyxin, Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity or Victoza will be approved based on the following criterion:

- a. Diagnosis of type 2 diabetes mellitus

Authorization will be issued for 12 months.

B. Reauthorization

1. Adlyxin, Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity or Victoza will be approved based on the following criterion:

- a. Documentation of positive clinical response to therapy

Authorization will be issued for 12 months.



3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
 - Supply limits may be in place.
 - Prior Authorization/Medical Necessity may be in place
 - Step Therapy may be in place

4. References:

1. Adlyxin [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; July 2021.
2. Byetta [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; June 2021.
3. Bydureon [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; July 2021.
4. Bydureon BCise [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; July 2021.
5. Ozempic [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; April 2021.
6. Rybelsus [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; July 2021.
7. Trulicity [package insert]. Indianapolis, IN: Eli Lilly and Company; April 2021.
8. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; November 2020.
9. American Diabetes Association. Standard of Medical Care in Diabetes - 2021. Diabetes Care 2021;44 (Supplement 1).

Program	Prior Authorization/Notification: Diabetes Medications – GLP-1 Receptor Agonists
Change Control	
10/2020	New program.
3/2021	Administrative change to adjust Oxford effective date.
11/2021	Annual review. Updated references.