



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 1309-2
Program	Prior Authorization/Notification – Custom Oxford SoNY and SoCT – 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	2/2020, 10/2020
Effective Date	Oxford: 1/1/2021

1. Background:

Adlyxin (lixisenatide), Bydureon (exenatide extended-release), Bydureon BCise (exenatide extended-release), Byetta (exenatide), Ozempic (semaglutide), Rybelsus (semaglutide), Trulicity (dulaglutide), and Victoza (liraglutide) are indicated as an adjunct to diet and exercise to improve glycemic control in adults 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:

A. Initial Authorization

1. Adlyxin, Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity and Victoza will be approved based on **both** of the following criteria:

1. Diagnosis of type 2 diabetes mellitus

-AND-

2. History of suboptimal response, contraindication or intolerance to metformin (generic Glucophage, Glucophage XR)

Authorization will be issued for 12 months.

B. Reauthorization

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

a. Documentation of positive clinical response to therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- 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.

4. References:

1. Adlyxin [package insert]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; January 2019.
2. Byetta [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2020.
3. Bydureon [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2020.
4. Bydureon BCise [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2020
5. Ozempic [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; January 2020.
6. Rybelsus [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; January 2020.
7. Trulicity [package insert]. Indianapolis, IN: Eli Lilly and Company; February 2020.
8. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; August 2020.
9. American Diabetes Association. Standard of Medical Care in Diabetes - 2020. Diabetes Care 2020;43 (Supplement 1)

Program	Notification – Diabetes Medication – GLP-1 Receptor Agonists
Change Control	
Date	Change
2/2020	New program.
10/2020	Added requirement for diabetes indication. Removed grandfathering.