



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Ozempic and Trulicity Page: 1 of 2

Effective Date: 1/3/2024 Last Review Date: 11/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Ozempic and Trulicity under the patient’s prescription drug benefit.

Description:

Ozempic is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- 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.

Limitations of Use

- Ozempic has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Ozempic is not indicated for use in patients with type 1 diabetes mellitus.

Trulicity is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- 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 who have established cardiovascular disease or multiple cardiovascular risk factors.

Limitations of Use

- Trulicity has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Trulicity should not be used in patients with type 1 diabetes mellitus.
- Trulicity has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis and is therefore not recommended in these patients.

Applicable Drug List:

Formulary with Step Therapy: Ozempic, Trulicity

Policy/Guideline:

If the patient has filled at least 60 days of metformin within the past 180 days under the Aetna Better Health prescription benefit and has a diagnosis of Type 2 Diabetes, then the requested drug will be paid under that prescription benefit. If the patient does not meet the



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initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of type 2 diabetes mellitus **AND**
 - The patient experienced an inadequate treatment response after at least 60 days, intolerance, or has a contraindication to metformin**OR**
 - The patient requires combination therapy AND has an A1c (hemoglobin A1c) of 7.5 percent or greater**OR**
 - The patient has established cardiovascular disease**OR**
 - The request is for Trulicity (dulaglutide) AND the patient has multiple cardiovascular risk factors

Approval Duration and Quantity Restrictions:

Approval: 1 year

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Ozempic [package insert]. Plainsboro, NJ: Novo-Nordisk Inc.; October 2022.
2. Trulicity [package insert]. Indianapolis, IN: Eli Lilly and Company; December 2022.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 4, 2023.
4. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/04/2023).
5. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. *Endocrine Practice* 28 (2022) 923-1049.
6. Davies MJ, Aroda VR, Collins BS, et. al. Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care* 2022;45(11):2753-2786.
7. El Sayed NA, Aleppo G, Aroda VR et. al. American Diabetes Association, Standards of Care in Diabetes – 2023. *Diabetes Care* 2023;46(Suppl. 1):S1-S291.
8. Heidenreich PA, Bozkurt B, Aguilar D et. al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol*. 2022;79:e263-e421.