Pharmacy Medical Policy
Glucagon-like Peptide-1 - GLP-1 - Receptor Agonists

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Policy Number: 282
BCBSA Reference Number: None

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PA which can be found on the BCBSMA provider portal or directly on the web at https://provider.express-path.com. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>Formulary Status</td>
</tr>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
</tr>
<tr>
<td>Bydureon™</td>
<td>Covered</td>
</tr>
<tr>
<td>Byetta®</td>
<td>Covered</td>
</tr>
<tr>
<td>Tanzeum™</td>
<td>Covered</td>
</tr>
<tr>
<td>Trulicity®</td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
</tr>
<tr>
<td>Adlyxin™</td>
<td>Prior use of Step 1 Required</td>
</tr>
<tr>
<td>Soliqua®</td>
<td>Prior use of Step 1 Required</td>
</tr>
<tr>
<td>Victoza®</td>
<td>Prior use of Step 1 Required</td>
</tr>
<tr>
<td>Xultophy®</td>
<td>Prior use of Step 1 Required</td>
</tr>
</tbody>
</table>

We cover the Glucagon-like Peptide-1 (GLP-1) Receptor Agonist medications listed in the chart above for new starts* in the following stepped approach.¹

*New start is defined as no previous paid claim for the requested medication within the past 130 days

**Step 1**: Step 1 medications will be covered without prior authorization.
**Step 2:** Step 2 medications will be covered when **one** of the following criteria are met:

- There must be evidence of a BCBSMA paid claim by the patient for **TWO** step 1 drugs within the previous 130 days
- OR
- There must be evidence of a BCBSMA paid claim by the patient of a step 2 medication within the previous 130 days.

**Exception requests based exclusively on the use of samples will not meet coverage criteria for non-formulary medications. Additional clinical information demonstrating medical necessity of the non-formulary medication must be submitted by the requesting prescriber for review.**

We do not cover drugs listed in the above chart unless the above step therapy criteria are met.

**Individual Consideration**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

**Managed Care Authorization Instructions**

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.  
  Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAth which can be found on the BCBSMA provider portal or directly on the web at [https://provider.express-path.com](https://provider.express-path.com).

**PPO and Indemnity Authorization Instructions**

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.  
  Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAth which can be found on the BCBSMA provider portal or directly on the web at [https://provider.express-path.com](https://provider.express-path.com).

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2017</td>
<td>Updated to add Trulicity® to Step 1.</td>
</tr>
<tr>
<td>5/2017</td>
<td>Updated to add Adlyxin™ and Soliqua™ as Step2 and Ops address.</td>
</tr>
<tr>
<td>4/2017</td>
<td>Updated to add Xultophy® as Step 2.</td>
</tr>
<tr>
<td>1/2017</td>
<td>Updated to change Criteria for a Step 2 medication.</td>
</tr>
<tr>
<td>04/2015</td>
<td>Updated to add Trulicity® as Step 2.</td>
</tr>
<tr>
<td>11/2014</td>
<td>Updated to include Tanzeum™ as step 1.</td>
</tr>
<tr>
<td>1/2014</td>
<td>Updated ExpressPAth Language and removed Blue Value.</td>
</tr>
</tbody>
</table>
4/2012  No changes to policy statements.
7/2011  Updated to include new FDA approved medication Bydureon™.

References

Endnotes
Based on the recommendations of the BCBSMA Pharmacy and Therapeutics Committee meeting on 9/14/2010.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below: