

PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

ADLYXIN
(lixisenatide)

BYDUREON BCISE
(exenatide extended-release)

BYETTA
(exenatide)

MOUNJARO
(tirzepatide)

OZEMPIC
(semaglutide)

RYBELSUS
(semaglutide)

TRULICITY
(dulaglutide)

VICTOZA
(liraglutide)

Status: Client Requested Criteria

Type: Initial Prior Authorization with Logic

Ref # C26412-D

SCREEN OUT LOGIC*

**Include Rx and OTC products unless otherwise stated.*

If a claim is submitted with an ICD 10 diagnosis code indicating type 2 diabetes mellitus under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

For patients with no ICD 10 diagnosis code indicating type 2 diabetes mellitus submitted with their prescription claim:

If the patient has filled a prescription for at least a 30-day supply of an antidiabetic drug (EXCLUDING all target drugs, metformin and diabetic supplies) within the past 730 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial screen out logic, 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.

Antidiabetic GLP-1, GIP-GLP-1 Agonists State of Tennessee C26412-D 03-2024.docx

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CRITERIA FOR APPROVAL

1	Does the patient have a diagnosis of type 2 diabetes mellitus? [If no, then no further questions.]	Yes	No
2	Does the patient have a history of an A1C greater than or equal to 6.5 percent? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of an A1C greater than or equal to 6.5 percent.] [If no, then skip to question 4.] Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 3.	Yes	No
3	Have chart notes or other documentation supporting a history of an A1C greater than or equal to 6.5 percent been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i> [No further questions] Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of an A1C greater than or equal to 6.5 percent. If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.	Yes	No
4	Does the patient have a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT)? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT).] [If no, then skip to question 6.] Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 5.	Yes	No
5	Have chart notes or other documentation supporting a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT) been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i> [No further questions] Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT). If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.	Yes	No
6	Does the patient have a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL.] [If no, then skip to question 8.] Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 7.	Yes	No

7	Have chart notes or other documentation supporting a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i> [No further questions]	Yes	No
	Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL. If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.		
8	Does the patient have a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL.] [If no, then no further questions.]	Yes	No
	Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 10.		
9	Did the patient fast for at least 8 hours prior to the fasting plasma glucose (FPG) greater than or equal to 126 mg/dL? [If no, then no further questions.]	Yes	No
10	Have chart notes or other documentation supporting a history of fasting plasma glucose (FPG) greater than or equal to 126 mg/dL been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i>	Yes	No
	Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of fasting plasma glucose (FPG) greater than or equal to 126 mg/dL. If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.		

Mapping Instructions		
	Yes	No
1.	Go to 2	Deny
2.	Go to 3	Go to 4
3.	Approve, 36 months	Deny
4.	Go to 5	Go to 6
5.	Approve, 36 months	Deny
6.	Go to 7	Go to 8
7.	Approve, 36 months	Deny
8.	Go to 9	Deny
9.	Go to 10	Deny
10.	Approve, 36 months	Deny

REFERENCES

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N/A

Written by: UM Development (DFW)
Date Written: 10/2023
Revised: 03/2024
Reviewed: Medical Affairs: (AN) 11/2023, 03/2024

The Participating Group signed below hereby accepts and adopts as its own the criteria for use with Prior Authorization, as administered by CVS Caremark®.

Signature

Date

Client Name

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