

AllCare CCO - Prior Authorization Criteria Summary:**Criteria number: 028.5****Criteria title: Approval criteria for GLP1A non-diabetic indications**

Date of origin: 05/19/2013

Classification: Class Specific

Date of Last Review: 12/24/2024

Drug Class: GLP1 agonists for nondiabetic indications

Date of Next Review: 12/24/2026

References:

- Oregon Health Authority, Department of Medical Assistance, OAR 410-120-0250 (3)
- Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria
- Ozempic (semaglutide solution for injection) package insert. Plainsboro, NJ: Novo Nordisk Inc.; 2024 Nov.
- Wegovy (semaglutide) injection package insert. Plainsboro, NJ: Novo Nordisk Inc.; 2024 Nov.
- Mounjaro (tirzepatide) injection package insert. Indianapolis, IN: Eli Lilly and Company; 2024 Nov.
- Zepbound (tirzepatide) injection package insert. Indianapolis, IN: Eli Lilly and Company; 2024 Nov.

FDA approved indication: Refer to prescribing information for specific agent

Purpose: To define the process for coverage of Glucagon-like peptide 1 receptor agonists (GLP1 RA) for treatment of other indications besides Type II Diabetes Mellitus (DM2)

Clinical Rationale: GLP-1 receptor agonists are primarily indicated for type 2 diabetes. Other FDA approved indications are covered in this policy. GLP-1 receptor agonists should not be initiated in a patient with a history of pancreatitis.

Policy: Cover preferred GLP1 RA for members with OHP covered, FDA-approved indications other than type II DM. OHP requires use of least-costly agent, so the agent requested may require trial of a lower-cost, non-preferred drug. Quantity limits apply to all medications in this class. Requests for members under 21 years of age who don't meet criteria must be routed to Medical Director for review.

Approval criteria for GLP1 agonists for nondiabetic indications:

	Met	Not Met
Criteria #1: Is the request for renewal of a previously approved prior authorization	Go to renewal criteria	Go to #2
Criteria #2: Is there documentation to support an FDA-approved diagnosis or compendia-supported off-label use	Weight management: Go to #3 Prevention of secondary CV events: go to #7 OSA: go to #13	Does not meet criteria - Forward to MD for review if <21 years
Criteria #3: Member's age between 12 and 20 years old with severe obesity*	Go to #4	Does not meet criteria - Forward to MD for review if <21 years
Criteria #4: Documented failure of motivational interviewing	Go to #5	Does not meet criteria - Forward to MD for review if <21 years
Criteria #5: Documentation of at least 26 hours of IHBLT† within the last 12 months	Go to #6	Does not meet criteria - Forward to MD for review if <21 years
Criteria #6: Has the member failed one or more non-GLP1 agents for weight loss	Approve x6 months	Does not meet criteria - Forward to MD for review if <21 years
Criteria #7: Has the member been screen for diabetes in the past 12 months and results show the member does not have diabetes‡	Go to #8	Deny
Criteria #8: Is the member ≥45 years of age	Go to #9	Deny

Criteria #9: Is there documentation that the member have a BMI of 27 kg/m2 or greater	Go to #10	Deny
Criteria #10: Does the member have established cardiovascular disease= as defined in clinical trial(s)	Go to #11	Deny
Criteria #11: Has the member tried a weight loss treatment plan administered by a health care provider (such as a diet and exercise program, nutritional counseling, or a calorie restricted diet) for at least a 3-month period within the past 6 months	Go to #12	Deny
Criteria #12: Is member prescribed and taking other recommended drugs∞ for secondary cardiovascular prevention (or documented reason these are medically inappropriate)	Approve x6 months	Deny
Criteria #13: Is the medication prescribed by sleep specialist for an adult member, with polysomnography to confirm the diagnosis of OSA with AHI≥15 and member's BMI ≥30kg/m2	Go to #14	Does not meet criteria - Forward to MD for review if <21 years
Criteria #14: Is there documentation that medications that may exacerbate OSA have been reviewed/discontinued, and that member has failed both an adequate trial of PAP therapy and attempt at medically-supervised weight loss	Go to #15	Does not meet criteria - Forward to MD for review if <21 years
Criteria #15: For non-formulary agents, are there no formulary medication(s), which, based on both sound clinical evidence and medical/scientific evidence, could be used in place of the requested non-formulary medication	Approve x6 months	Does not meet criteria - Forward to MD for review if <21 years

Renewal criteria for GLP1 agonists for nondiabetic indications:

	Met	Not Met
Renewal #1: Did the member meet initial criteria	Weight management: Go to #2 Prevention of secondary CV events: go to #4 OSA: go to #5	Does not meet criteria - Forward to MD for review if <21 years
Renewal #2: Has the member lost or maintained a BMI reduction of 5% or more	Go to #3	Does not meet criteria - Forward to MD for review if <21 years
Renewal #3: Is the member continuing with a weight loss treatment plan	Approve x12 months	Does not meet criteria - Forward to MD for review if <21 years
Renewal #4: Has member been seen by cardiologist in past 12 months and documentation supports continuation	Approve x12 months	Does not meet criteria - Forward to MD for review if <21 years
Renewal #5: Has there been a reduction in the AHI score of at least 25% and weight loss has been maintained for 3 months or more	Approve x12 months	Does not meet criteria - Forward to MD for review if <21 years