



## Appropriate Use of GLP-1 Agonists

September 13, 2024

GLP-1 agonists have become part of the standard of care in the treatment of Type II Diabetes according to the American Diabetes Association (ADA) guidelines.<sup>1</sup> We would like to make you aware of the coverage and clinical considerations. The ADA now recommends other medications (including GLP-1 agonists) with or without metformin based on glycemic needs, are appropriate initial therapy for individuals with type II diabetes with or at high risk for atherosclerotic cardiovascular disease, heart failure, and/or chronic kidney disease<sup>1</sup>. Inappropriate prescribing of drugs like Ozempic and Mounjaro for treatment of obesity alone has contributed to shortages of these products for patients with Type II diabetes.<sup>2,3</sup>

While these products have proven to be effective for their respective indications, they are not without side effects/adverse reactions. The most common side effects are gastrointestinal-related, including loss of appetite, nausea, vomiting, and diarrhea. Additional issues have been identified with patients needing surgery when taking these medications. Due to the delayed gastric emptying feature of these drugs, it has been reported (at least anecdotally) that patients may have increased risk of regurgitation and pulmonary aspiration during general anesthesia and deep sedation<sup>3</sup>. As a result, the American Society of Anesthesiologists have set guidelines for the holding of GLP-1 agonists prior to elective procedures<sup>4</sup>.

Most of these products require a prior authorization (PA). In recent months, we have observed frequent requests for GLP-1 agonists (especially Ozempic and Mounjaro) that appear to be intended for use outside of the FDA-approved indications for the product. NH Healthy Families will be actively monitoring and reviewing PA requests to ensure these medications are used only per their FDA-approved indications. **Requests for documentation to substantiate attestations made in the PA request process may be required.**

These products are available in several different forms and product names with varying FDA-approved indications (see Tables next page).

To access NH Healthy Families' prior authorization criteria webpage, please scan the QR code here:



Medication	FDA Approved Indication	Dosing Frequency/Route
<b>DIABETES</b>		
Dulaglutide (Trulicity)	Type II DM and pediatric patients $\geq 10$ years of age with type 2 DM; reduction of cardiovascular mortality due to major cardiovascular events (MACE) in type II DM patients with established CV disease or multiple CV risk factors	Once weekly SQ injection
Exenatide, extended-release (Bydureon BCise)	Type II DM, pediatric patients $\geq 10$ years of with type 2 DM.	Once weekly SQ injection
Exenatide (Byetta)	Type II DM	Twice daily SQ injection
Liraglutide (Victoza)	Type II DM and pediatric patients $\geq 10$ years of age with type 2 DM; reduction of CV mortality, non-fatal MI, or non-fatal stroke in persons with Type II DM and established CV disease	Once daily SQ injection
Lixisenatide (Adlyxin)	Type II DM	Once daily SQ injection
Semaglutide (Ozempic)	Type II DM; reduction of CV mortality, non-fatal MI, or non-fatal stroke in persons with Type II DM and established CV disease	Once weekly SQ injection
Semaglutide oral (Rybelsus)	Type II DM;	Once daily tablet
Tirzepatide (Mounjaro)	Type II DM	Once weekly SQ injection

Medication	FDA Approved Indication	Dosing Frequency/Route
	<b>OBESITY</b>	
Liraglutide (Saxenda)	Obesity and pediatric patients $\geq 12$ years of age with body weight $> 60$ kg and an initial BMI corresponding to $\geq 30$ kg/m <sup>2</sup> for adults (obesity) by international cut-offs (Cole Criteria).	Once daily SQ injection
Semaglutide (Wegovy)	Obesity and pediatric patients $\geq 12$ years of age with an initial BMI at the $\geq 95$ th percentile standardized for age and sex; risk reduction of major adverse cardiovascular events (cardiovascular death, nonfatal MI, nonfatal stroke) in adults with established cardiovascular disease and either obesity or overweight.	Once weekly SQ injection
Tirzepatide (Zepbound)	Obesity	Once weekly SQ injection

**\*Covered and preferred products may vary by health plan or product. Please check the individual health plan website for specific coverage details.**



## References

1. American Diabetes Association (ADA) Standards of Care in Diabetes – 2024.  
[https://diabetesjournals.org/care/issue/47/Supplement\\_1](https://diabetesjournals.org/care/issue/47/Supplement_1)
2. <https://www.ashp.org/drug-shortages/current-shortages/drug-shortage-detail.aspx?id=813>
3. <https://www.ashp.org/drug-shortages/current-shortages/drug-shortage-detail.aspx?id=972>
4. American Society of Anesthesiologists Consensus-Based Guidance on Preoperative Management of Patients (Adults and Children) on Glucagon-Like-Peptide-1 (GLP-1) Receptor Agonists <https://www.asahq.org/about-asa/newsroom/news-releases/2023/06/american-society-of-anesthesiologists-consensus-based-guidance-on-preoperative>

Respectfully,

NH Healthy Families

