Injectable semaglutide (Ozempic)

Notes:

- Ozempic is covered under the prescription drug benefit for weight loss ONLY for Kaiser Northwest members with coverage for medications used to treat weight loss. Others pay member cash price.
- Contact Pharmacy Services in your home region to confirm your benefits for weight loss medications.
- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^ Adequate trial is defined as a 3-month treatment duration
- # For patients aged 18-64, recommend A1c goal of < 7.0% unless significant co-morbidities (history of dementia, blindness, lower extremity amputation, CKD 4/5, ESRD, cardiomyopathy/HF, or ASCVD).
 For patients aged 65 or older, consider A1c goal of < 8.0%
- ** Per Kaiser National Clinical Practice Guideline, clinical ASCVD (secondary prevention) includes acute coronary syndrome (ACS), history of myocardial infarction (MI), stable or unstable angina, coronary or other arterial revascularization, ischemic stroke, transient ischemic attack (TIA), or symptomatic peripheral artery disease (PAD), all of atherosclerotic origin
 - Subclinical atherosclerosis, such as elevated coronary artery calcium or aortic atherosclerosis, or patients at high risk for ASCVD (primary prevention) are NOT included in the definition of clinical ASCVD
- GMI = Glucose Management Indicator, an estimated A1c level based on continuous glucose monitoring data
- ***Does not apply to Medicare Part D patients

<u>Initiation (new start) criteria:</u> Formulary **semaglutide (Ozempic)** will be covered on the prescription drug benefit for when the following criteria are met:

1) Diagnosis of Type 2 Diabetes Mellitus and Clinical Atherosclerotic Cardiovascular Disease (ASCVD)**

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) On maximally tolerated metformin dose or intolerance* or contraindication to metformin XR
- c) Intolerance* or contraindication to SGLT-2 inhibitors (e.g. Jardiance)
 - Note: If patient is currently on an SGLT-2 inhibitor, must meet the additional DM2 criteria
- d) Intolerance or contraindication to liraglutide (Victoza)

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 Note: If patient is currently on liraglutide (Victoza), must meet the additional DM2 criteria

-OR-

2) Adults (age 20+) with diagnosis of Type 2 Diabetes Mellitus

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) Not on insulin or on insulin at a total daily dose less than 0.5 units/kg/day, meets ALL of the following criteria:
 - i. On maximally tolerated metformin dose or has contraindication/intolerance to metformin XR
 - ii. On maximally tolerated sulfonylurea or has contraindication/intolerance to sulfonylureas
 - iii. On pioglitazone or has contraindication/intolerance to pioglitazone
 - iv. On an SGLT2 inhibitor (e.g. Jardiance) or has contraindication/intolerance SGLT2 inhibitors
 - Note: SGLT2 inhibitor is not required if patient has CKD3 with eGFR less than 45 mL/min/m²
 - v. On maximum liraglutide dose (1.8 mg/day) or has contraindication/intolerance to liraglutide
 - vi. HbA1c or GMI remains above, but within 2% of, patient's designated goal# after adequate trial^ of the therapies mentioned above

-OR-

- c) On insulin at a total daily dose of ≥ 0.5 units/kg/day, meets ALL of the following criteria:
 - On maximally tolerated metformin dose or has contraindication/intolerance to metformin XR
 - ii. On an SGLT2 inhibitor (e.g. Jardiance) or pioglitazone or has contraindication/intolerance to both
 - iii. On maximum liraglutide dose (1.8 mg/day) or has contraindication/intolerance to liraglutide

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iv. HbA1c or GMI remains above patient's designated goal after adequate trial of the therapies mentioned above

-OR-

3) Diagnosis of Type 2 Diabetes Mellitus AND Proteinuria

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) Persistent proteinuria defined as 2 or more measurements of urine albumin/creatinine ratio (ACR) greater than 300 mg/gm or protein creatinine ratio (PCR) greater than 0.5
- c) Estimated glomerular filtration rate (eGFR) of 30 mL/min/m2 or higher
- d) On maximally tolerated dose or allergy or intolerance to ACE inhibitor or ARB
- e) Allergy or intolerance to SGLT2 inhibitor therapy (i.e. Jardiance) AND liraglutide (Victoza)
 - Note: If patient is currently on an SGLT-2 inhibitor and/or liraglutide (Victoza), must meet the additional DM2 criteria

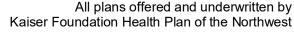
-OR-

4) Members aged 12-19 years with diagnosis of Type 2 Diabetes Mellitus:

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) On maximally tolerated metformin dose or has contraindication/intolerance to metformin XR
- c) On maximum liraglutide dose (1.8 mg/day) or has contraindication/intolerance to liraglutide
- d) HbA1c or GMI remains above, but within 2% of, patient's designated goal[#] after adequate trial^ of the therapies mentioned above
 - If patient on insulin, A1c only needs to be above patient's designated goal

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- 5) <u>Initiation (new start) criteria in adult patients for chronic weight management:</u>
 Formulary **semaglutide (Ozempic)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:
 - a) Patient has a prescription drug insurance benefit that covers medications used to lose weight; AND
 - b) No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2)
 - c) Diagnosis for chronic weight management; AND
 - d) Patient is 18 years of age or older; AND
 - e) Patient's current weight and BMI are documented in the encounter in which semaglutide (Ozempic) is ordered; AND
 - f) Patient is currently following a diet and exercise program; AND
 - g) BMI greater than or equal to 30 kg/m² or BMI greater than or equal to 27 kg/m² AND has at least one of the following comorbid conditions documented:
 - Hypertension
 - Diabetes Type 2
 - Hyperlipidemia

-AND-

- h) Patient has failed an adequate trial^ to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
 - o phentermine
 - o diethylpropion
 - o topiramate
 - o phentermine + topiramate or phentermine/topiramate (Qsymia)
 - naltrexone + bupropion or naltrexone/bupropion (Contrave)
- 6) Initiation (new start) criteria in pediatric patients for obesity: Formulary semaglutide (Ozempic) will be covered on the prescription drug benefit for 12 months when the following criteria are met:
 - a) Patient has a prescription drug insurance benefit that covers medications used to lose weight; AND

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- b) No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2)
- c) Diagnosis of class 2 or class 3 obesity; AND
- d) Patient is 12 to 17 years of age and is at least Tanner 2; AND
- e) Patient's current weight and BMI are documented within the last month from the date in which semaglutide (Ozempic) is ordered; AND
- f) Patient is currently following a diet and exercise program; AND
- g) BMI greater than or equal to 35 kg/m² or at least 120% of 95th percentile; AND
- h) Patient has failed an adequate trial[^] to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
 - o phentermine
 - o topiramate
 - phentermine + topiramate or phentermine/topiramate (Qsymia)
- 7) Initiation (new start) criteria for cardiovascular risk reduction: Formulary semaglutide (Ozempic) will be covered on the prescription drug benefit for 12 months when the following criteria are met:
 - a) No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2)
 - b) Patient does not have diabetes; AND
 - c) BMI 27 or greater; AND
 - d) Patient is currently following a diet and exercise program; AND
 - e) Patient is 55 to 74 years of age; AND
 - f) Patient has a history of STEMI or Type 1 NSTEMI
- 8) Initiation (new start) criteria in patients for obstructive sleep apnea (OSA) and do not have a diagnosis of diabetes: Formulary semaglutide (Ozempic) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

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- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) Patient does not have central or complex apnea; AND
- c) Patient has had a sleep study within the last 3 years and they have not lost more than 5% body weight since the time of the study (study weight is +/- 3 months from time of study); AND
- d) Diagnosis for severe sleep apnea (AHI 30 or greater); AND
- e) Patient is 18 years of age or older; AND
- f) Patient's current weight and BMI are documented in the encounter in which semaglutide (Ozempic) is ordered; AND
- g) Patient is currently following a diet and exercise program; AND
- h) BMI greater than or equal to 30 kg/m²; AND
- i) Patient has failed an adequate trial[^] to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies***:
 - o phentermine
 - diethylpropion
 - topiramate
 - phentermine + topiramate or phentermine/topiramate (Qsymia)
 - naltrexone + bupropion or naltrexone/bupropion (Contrave)

<u>Criteria for members already taking the medication who have not been reviewed</u> <u>previously (e.g., new members):</u> Formulary <u>semaglutide</u> (Ozempic) will be covered on the prescription drug benefit for when the following criteria are met:

9) Diagnosis of Type 2 Diabetes Mellitus and Clinical Atherosclerotic Cardiovascular Disease (ASCVD)**

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) On maximally tolerated metformin dose or intolerance* or contraindication to metformin (includes metformin XR)
- c) Intolerance* or contraindication to SGLT-2 inhibitors

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- Note: If patient is currently on an SGLT-2 inhibitor, must meet the additional DM2 criteria
- d) Intolerance or contraindication to liraglutide (Victoza)
 - Note: If patient is currently on liraglutide (Victoza), must meet the additional DM2 criteria

-OR-

10) Adults (age 20+) with a diagnosis of Type 2 Diabetes Mellitus

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) Not on insulin or on insulin at a total daily dose less than 0.5 units/kg/day, meets ALL of the following criteria:
 - i. On maximally tolerated metformin dose or intolerance or contraindication to metformin XR
 - ii. On maximally tolerated sulfonylurea or has contraindication/intolerance to sulfonylureas
 - iii. On pioglitazone or has contraindication/intolerance to pioglitazone
 - iv. On an SGLT2 inhibitor (e.g. Jardiance) or has contraindication/intolerance to SGLT2 inhibitors
 - v. HbA1c or GMI is at or within 2% of patient's designated goal

-OR-

- c) Patient is on (or history of) insulin at a total daily dose of ≥ 0.5 units/kg/day, meet ALL of the following criteria:
 - On maximally tolerated metformin dose or intolerance* or contraindication to metformin XR
 - ii. On an SGLT2 inhibitor (e.g. Jardiance) or pioglitazone or has contraindication/intolerance to both

-OR-

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11) Diagnosis of Type 2 Diabetes Mellitus AND Proteinuria

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) History of persistent proteinuria defined as 2 or more measurements of urine albumin/creatinine ratio (ACR) greater than 300 mg/gm or protein creatinine ratio (PCR) greater than 0.5
- c) Estimated glomerular filtration rate (eGFR) of 30 mL/min/m2 or higher
- d) On maximally tolerated dose or allergy or intolerance to ACE inhibitor or ARB
- e) Allergy or intolerance to SGLT2 inhibitor therapy (i.e. Jardiance) AND liraglutide (Victoza)
 - Note: If patient is currently on an SGLT-2 inhibitor and/or liraglutide (Victoza), must meet the additional DM2 criteria

-OR-

12) Members aged 12-19 years with diagnosis of Type 2 Diabetes Mellitus:

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) On maximally tolerated metformin dose or has contraindication/intolerance to metformin XR
- c) HbA1c or GMI at or within 2% of patient's designated goal if not on insulin

-OR-

13) Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND** Patient is using for chronic weight management

-OR-

- **14)** Patient is using for obstructive sleep apnea (OSA)
- 15) Continued use criteria (every 12 months) for patients previously reviewed and approved when used for chronic weight management/obesity or OSA: Formulary semaglutide (Ozempic) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

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- d) Patient's updated weight and BMI are recently documented; AND
- e) Achieved and maintained 5% or greater weight loss after starting semaglutide (Ozempic)

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