

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

dulaglutide (Trulicity)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ** 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

Initiation (new start) criteria: Non-formulary **dulaglutide (Trulicity)** will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of Type 2 Diabetes Mellitus
- Intolerance* to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximally tolerated metformin dose or intolerance* or contraindication to metformin (includes both metformin IR and XR)

And meets one of the following categories:

1. Diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD)** AND:
 - Intolerance* or contraindication to an SGLT-2 inhibitor (e.g. Jardiance)
2. Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)

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Criteria for members already taking the medication who have not been reviewed previously (e.g., new members): Non-formulary **dulaglutide (Trulicity)** will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of Type 2 Diabetes Mellitus
- Intolerance to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximally tolerated metformin dose or intolerance* or contraindication to metformin (includes both metformin IR and XR)

And meets one of the following categories:

1. Diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD)** AND:
 - Intolerance* or contraindication to an SGLT-2 inhibitor (e.g. Jardiance)
2. Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)