

Glucagon-like Peptide-1 (GLP-1) Receptor Agonists

Goal(s):

- Promote cost-effective and safe step-therapy for management of type 2 diabetes mellitus (T2DM).

Length of Authorization:

- Up to 12 months

Requires PA:

- All GLP-1 receptor agonists

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Does the patient have a diagnosis of Type 2 diabetes mellitus?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness.
3. Will the prescriber consider a change to a preferred product? <u>Message:</u> <ul style="list-style-type: none"> Preferred products do not require PA. Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy and Therapeutics (P&T) Committee. 	Yes: Inform prescriber of covered alternatives in class	No: Go to #4
4. Has the patient tried and failed metformin and sulfonylurea therapy or have contraindications to these treatments? (document contraindication, if any)	Yes: Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness. Recommend trial of metformin or sulfonylurea. See below for metformin titration schedule.

Initiating Metformin

1. Begin with low-dose metformin (500 mg) taken once or twice per day with meals (breakfast and/or dinner) or 850 mg once per day.
2. After 5-7 days, if gastrointestinal side effects have not occurred, advance dose to 850 mg, or two 500 mg tablets, twice per day (medication to be taken before breakfast and/or dinner).
3. If gastrointestinal side effects appear with increasing doses, decrease to previous lower dose and try to advance the dose at a later time.
4. The maximum effective dose can be up to 1,000 mg twice per day. Modestly greater effectiveness has been observed with doses up to about 2,500 mg/day. Gastrointestinal side effects may limit the dose that can be used.

Nathan, et al. Medical management of hyperglycemia in Type 2 Diabetes: a consensus algorithm for the initiation and adjustment of therapy. *Diabetes Care*. 2008; 31;1-11.

P&T Review: 1/17 (KS); 11/16; 9/16; 9/15; 1/15; 9/14; 9/13; 4/12; 3/11
Implementation: 2/15; 1/14