

Glucagon-like Peptide-1 (GLP-1) Receptor agonist Adjudication Guideline

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1. Abstract

1.1 For Members

Glucagon-like peptide-1 (GLP-1) receptor agonist are medicines used to treat type 2 diabetes. They mimic the action of a hormone called GLP-1.

1.2 For Healthcare Professionals

Glucagon-like peptide-1 (GLP-1) receptor agonist is indicated for the treatment of type 2 diabetes mellitus. They are prescribed in adjunct to lifestyle modifications (such as diet and exercise).

2. Scope

The scope of this adjudication rule highlights the medical indications and coverage requirements of GLP-1 receptor agonists for type 2 diabetes for all health insurance plans administered by Daman as per policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Glucagon-like peptide-1 (GLP-1) receptor agonist is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Glucagon-like peptide-1 (GLP-1) receptor agonist can be used as a monotherapy when metformin is contraindicated or not tolerated by the patient.

Coverage Criteria for All GLP-1 Receptor agonists except Tirzepatide:

1. Newly diagnosed type 2 diabetes (not on any previous diabetic medication)
 - HBA1c \geq 6.5 in addition to the presence of comorbidities or contraindication to oral diabetic medication
2. Known case of type 2 diabetes (with history of diabetic medication or GLP-1 RA)
 - Poor glycemic control (HBA1C \geq 6.5)

Coverage Criteria for Tirzepatide (both points to be fulfilled):

1. Fulfilling all other GLP-1 Receptor agonist criteria (as above)
2. Previous history of GLP-1 Receptor agonist use and physician report to justify the shift of GLP-1 RA therapy.

Contraindicated in patients with:

- Multiple endocrine neoplasia (MEN) syndrome type 2
- Personal or family history of medullar thyroid cancer
- Pancreatitis
- Type 1 diabetes mellitus or diabetic ketoacidosis
- Pregnancy and breastfeeding.
- Age < 18 years of age

3.2 Requirements for Coverage

- Failure to submit, upon request or when requesting a clinical history, an indication and the need for testing will result in the rejection of the claim.
- Below is the list of eligible clinician specialty

Eligible clinician specialties
Internal Medicine
Endocrinology
Family Medicine
Cardiologist

3.3 Non-Coverage

Generic Name	Package Name
Visitor plan	Not covered
Basic plan	Not covered
Enhanced	Covered
Thiqa	Covered

3.4 Payment and Coding Rules

- Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

DOH denial codes with description are elaborated for reference. These are specialized codes directed by DOH, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.
MNEC-005	Services/supply may be appropriate but too frequent.
AUTH-001	Prior approval is required and was not obtained.
CLAI-016	Incorrect billing regime.

5. Appendices

5.1 References

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022341lbl.pdf
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/125469s007s008lbl.pdf
3. <https://www.ema.europa.eu/en/medicines/human/EPAR/bydureon>
4. https://www.ema.europa.eu/en/documents/product-information/ozempic-epar-product-information_en.pdf
5. <https://www.medicines.org.uk/emc/medicine/19257#gref>
6. <https://www.medicines.org.uk/emc/product/2967#gref>
7. <https://www.medscape.com/answers/117853-6512/are-glucagonlike-peptide-1-glp-1-agonists-beneficial-in-the-treatment-of-type-2-diabetes-mellitus-dm>
8. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/215866s000lbl.pdf
9. Tirzepatide 10mg solution for injection in pre-filled pen - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)

5.2 Revision History

Date	Change(s)
24/05/2023	Release of V1.0
08/09/2023	Release of V2.0-Tirzepatide criteria addition

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