

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist and Glucose-Dependent Insulinotropic Polypeptide (GIP)/ Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

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

Medications	Quantity Limit	Comments
Liraglutide - generic	1 box per 30 days	Preferred
Ozempic (semaglutide)	0.25 mg/dose, 0.5 mg/dose (2 mg prefilled pen): 1 prefilled pen per 28 days 1 mg/dose (4 mg prefilled pen): 1 prefilled pen (1 carton) per 28 days 2 mg/dose (8 mg prefilled pen): 1 prefilled pen (1 carton) per 28 days	
Rybelsus (semaglutide)	1.5mg, 3 mg tablets: 1 bottle (30 tablets) per one time fill 4mg, 7 mg, 9mg, 14 mg tablets: 1 tablet per day	
Trulicity (dulaglutide)	4 single dose pens (1 carton) per 28 days	

Bydureon BCise (exenatide extended release)	4 auto-injector pens per 28 days	Non-Preferred
Byetta (exenatide) – brand and generic	1 prefilled pen per 30 days	
Victoza - brand	1 box per 30 days	

Glucose-Dependent Insulinotropic Polypeptide (GIP)/Glucagon-Like-Peptide-1 (GLP-1) Receptor Agonists

Medications	Quantity Limit	Comments
Mounjaro (tirzepatide)	4 single dose pens/single dose vials per 28 days	Preferred

APPROVAL CRITERIA

Initial requests for a preferred GLP-1 receptor agonist or GIP/GLP-1 receptor agonist may be approved when the following criteria are met:

- I. Individual meets one of the following:
 - A. Requesting liraglutide – generic, Mounjaro, or Trulicity and 10 years of age or older; **OR**
 - B. Requesting Ozempic or Rybelsus and 18 years of age or older;

AND

- II. Individual has a diagnosis of type 2 diabetes;

AND

- III. Documentation is provided that diagnosis has been verified by history of:
 - A. Hemoglobin A1c (A1C) greater than or equal to 6.5%; **OR**
 - B. Fasting plasma glucose (FPG) greater than or equal to 126 mg/dL (after fasting for at least 8 hours); **OR**
 - C. 2 hour plasma glucose greater than or equal to 200 mg/dL as part of an oral glucose tolerance test (75 g oral glucose after fasting for at least 8 hours); **OR**
 - D. Symptoms of hyperglycemia (including polyuria, polydipsia, polyphagia) and a random plasma glucose greater than or equal to 200 mg/dL;

AND

- IV. Individual has had a trial and inadequate response or intolerance to metformin (AAACE 2023). Medication samples/coupons/discount cards

are excluded from consideration as a trial.;

OR

V. Individual has a contraindication to metformin therapy;

OR

VI. If requesting liraglutide – generic, Ozempic, Rybelsus, or Trulicity, individual has a history of atherosclerotic cardiovascular disease (ASCVD) including one or more of the following:

- A. Acute coronary syndrome;
- B. Coronary artery disease (CAD);
- C. History of myocardial infarction (MI);
- D. Stable or unstable angina;
- E. Coronary or other arterial revascularization;
- F. Stroke;
- G. Transient ischemic attack (TIA);
- H. Peripheral arterial disease (PAD).

Initial requests for a non-preferred GLP-1 receptor agonist may be approved when the following criteria are met:

I. Individual meets one of the following:

- A. Requesting Bydureon BCise, Victoza - brand and 10 years of age or older; **OR**
- B. Requesting Byetta (exenatide) – brand or generic and 18 years of age or older;

AND

II. Individual has a diagnosis of type 2 diabetes;

AND

III. Documentation is provided that diagnosis has been verified by history of:

- A. Hemoglobin A1c (A1C) greater than or equal to 6.5%; **OR**
- B. Fasting plasma glucose (FPG) greater than or equal to 126 mg/dL (after fasting for at least 8 hours); **OR**
- C. 2 hour plasma glucose greater than or equal to 200 mg/dL as part of an oral glucose tolerance test (75 g oral glucose after fasting for at least 8 hours); **OR**
- D. Symptoms of hyperglycemia (including polyuria, polydipsia, polyphagia) and a random plasma glucose greater than or equal to 200 mg/dL;

AND

IV. One of the following:

- A. Individual has had a trial and inadequate response or intolerance to metformin (AAACE 2023). Medication samples/coupons/discount cards are excluded from consideration as a trial.;
- OR**
- B. Individual has a contraindication to metformin therapy;

AND

- V. Documentation is provided that individual has had a trial and inadequate response or intolerance to two preferred agents. Medication samples/coupons/discount cards are excluded from consideration as a trial.

Continuation requests for a GLP-1 receptor agonist or GIP/GLP-1 receptor agonist may be approved when the following criteria are met:

- I. Individual meets one of the following:
 - A. Requesting Byetta (exenatide) – brand or generic, Ozempic, or Rybelsus and 18 years of age or older; **OR**
 - B. Requesting Bydureon BCise, Mounjaro, Victoza (liraglutide) – brand or generic, or Trulicity and 10 years of age or older;

AND

- II. Individual has a diagnosis of type 2 diabetes;

AND

- III. Documentation is provided that diagnosis has been verified by history of:
 - A. Hemoglobin A1c (A1C) greater than or equal to 6.5%; **OR**
 - B. Fasting plasma glucose (FPG) greater than or equal to 126 mg/dL (after fasting for at least 8 hours); **OR**
 - C. 2 hour plasma glucose greater than or equal to 200 mg/dL as part of an oral glucose tolerance test (75 g oral glucose after fasting for at least 8 hours); **OR**
 - D. Symptoms of hyperglycemia (including polyuria, polydipsia, polyphagia) and a random plasma glucose greater than or equal to 200 mg/dL.

A GLP-1 receptor agonist or GIP/GLP-1 receptor agonist may not be approved for any of the following:

- I. Individual with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2) or a personal or family history of medullary thyroid carcinoma (MTC); **OR**
- II. Individual with severe gastroparesis; **OR**
- III. Individual is requesting for treatment of type 1 diabetes; **OR**
- IV. Individual is requesting for the treatment of prediabetes; **OR**
- V. Individual is requesting for the treatment of obesity; **OR**
- VI. Individual is requesting for weight loss; **OR**
- VII. Individual is requesting Bydureon/BCise (exenatide extended-release) with an eGFR less than 45 mL/min/1.73 m²; **OR**
- VIII. Individual is requesting Byetta (exenatide) with an eGFR less than 30 mL/min/1.73 m²; **OR**

- IX. Individual is using in combination with another GLP-1 receptor agonist (including but not limited to Saxenda, Wegovy, Zepbound, Soliqua or Xultophy); **OR**
- X. Individual is using in combination with a DPP4 inhibitor (including but not limited to Brynovin, Janumet/XR, Januvia, Jentadueto/XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Sitagliptin, Tradjenta, Zituvio, Zituvimet, Glyxambi, Qtern, Steglujan or Trijardy XR).

Key References:

1. American Diabetes Association. Standard of Care in Diabetes – 2025. Available at: diabetesjournals.org/care/issue/48/Supplement_1. Accessed on April 27, 2025.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 27, 2025.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
5. Samson SL, Vellanki P, Blonde L, et. al. American Association of Clinical Endocrinologists (AACE) Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update. *Endocrine Practice*. 2023;29:305-340.
6. US Food and Drug Administration. FDA Drug Safety Communication: FDA revises warnings regarding use of the diabetes medicine metformin in certain patients with reduced kidney function. Last updated: November 14, 2017. Available at <https://www.fda.gov/Drugs/DrugSafety/ucm493244.htm>. Accessed: April 13, 2025.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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