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

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

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

Bydureon BCise (exenatide extended release)	4 autoinjectors (1 carton) 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)/Glucogon-Like-Peptide-1 (GLP-1) Receptor Agonists

Medications	Quantity Limit	Comments
Mounjaro (tirzepatide)	4 single dose pens (1 carton) per 28 days 4 single dose vials per 28 days 1 multi-dose vial per 28 days 1 Kwikpen 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 (injection/oral) 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) or hyperglycemic crisis 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 (AACE2026). 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, Mounjaro, Ozempic (injection/oral), 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);

OR

VII. If requesting Ozempic (injection) individual has a diagnosis of type 2 diabetes and chronic kidney disease.

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) or hyperglycemic crisis 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 (AACE2026). 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 (injection/oral), 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) or hyperglycemic crisis 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 is using in combination with another GLP-1 receptor agonist [including but not limited to Foundayo, liraglutide (Saxenda), Wegovy, Zepbound, Soliqua or Xultophy]; **OR**

III. Individual is using in combination with a DPP4 inhibitor [including but not limited to Brynovin, Janumet/XR, Januvia, Jentadueto/XR, alogliptin/metformin, saxagliptin/metformin, alogliptin, saxagliptin (Onglyza), alogliptin/pioglitazone, sitagliptin, sitagliptin/metformin, Tradjenta, Zituvio, Zituvimet/XR, Glyxambi, dapagliflozin/saxagliptin, Qtern, Steglujan or Trijardy XR].

Key References:

1. American Diabetes Association. Standard of Care in Diabetes – 2026. Available at: https://diabetesjournals.org/care/issue/49/Supplement_1. Accessed on April 10, 2026.
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 10, 2026.
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.
   Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology (AACE) Consensus Statement: Algorithm for Management of Adults with Type 2 Diabetes - 2026 Update. *Endocr Pract.* 2026;32:473-518.

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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