

GLP-1 Receptor Agonists and GLP-1/GIP Receptor Agonists Criteria

Revised 09/17/2024

GLP-1 RECEPTORAGONISTS (INJECTABLES)

Length of Authorization: 6 months (Initial)
1 year (Renewal)

CHILDREN – CRITERIA TO APPROVE

Trulicity® (dulaglutide), Victoza® (liraglutide)

- Documented diagnosis of T2DM
- Trial and failure (e.g., A1C goal not met) of, intolerance or contraindication to metformin (90-day look back for paid claims in history).
- Requested dose does not exceed the maximum FDA-approved dose for the treatment of diabetes mellitus.

ADULTS CRITERIA – TO APPROVE (TRULICITY VICTOZA OZEMPIC)

Trulicity® (dulaglutide), Victoza® (liraglutide), Ozempic® (semaglutide)

- Documented diagnosis of T2DM
- Trial and failure (e.g., A1C goal not met) of, intolerance or contraindication to metformin (90-day look back for paid claims in history).
- Requested dose does not exceed the maximum FDA-approved dose for the treatment of diabetes mellitus.

OTHER PRODUCTS

Byetta® (exenatide), Bydureon BCise® (exenatide), Mounjaro® (tirzepatide), Rybelsus® (semaglutide), Soliqua® (lixisenatide/insulin glargine), Xultophy® (liraglutide, insulin degludec)

- Same criteria as above.
- Must also have a trial or failure of preferred products (Ozempic®, Trulicity®, and Victoza®), or rationale as to why the preferred products cannot be used.

CLINICAL NOTES

All requests for use as a weight loss agent should be forwarded to a pharmacist to be denied.

RENEWAL CRITERIA

Must provide documentation of patient's clinical response to treatment and ongoing safety monitoring.

REVISION HISTORY

Date	Issues/Updates
06/26/2024	• Initial draft creation
09/17/2024	• Changed title to GLP1 Receptor Agonists

Orange Text = Important Information | **Teal Text = Auto PA**

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