

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



Included Products: Bydureon (exenatide), Byetta (exenatide), Mounjaro (tirzepatide) Trulicity (dulaglutide), Victoza (liraglutide), Ozempic (semaglutide)

Soliqua has its own criteria.

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Revised: 07/13/2023

Reviewed: 11/10/2022

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Diabetes			
Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of Type 2 diabetes?	Continue to #2.	Do not approve.
2.	Has the member failed, been intolerant to, or have a contraindication to metformin?	Continue to #3.	Do not approve.
3.	Does the member have established ASCVD AND the request is for a GLP-1?	Continue to #4.	Continue to #5.
4.	What is the members status related to an SGLT2 inhibitor? a. Has not tried one: Do not approve. b. Did not tolerate or is CI'd: continue to #9. c. Adding GLP1 to SGLT2: continue to #5.	See multiple options below question.	See multiple options below question.
5.	Has the member failed at least TWO, or have a contraindication to all of the following: sulfonylurea, pioglitazone, alogliptin (PA required), or Steglatro (PA required)?	Continue to #6.	Do not approve.
6.	Evaluate based on HbA1c: a. If HbA1c ≤ 7%, do not approve. b. If HbA1c >7% and < 10%, continue to #8. c. If HbA1c ≥10%, continue to #7.	See multiple options below question.	See multiple options below question.
7.	Has the member failed insulin or has the provider submitted an acceptable, medical rationale for why insulin cannot be used?	Continue to #8.	Do not approve.
8.	Is the request for Mounjaro?	Continue to #9.	Continue to #10.

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9.	Will the member be using Mounjaro with another GLP-1 or GIP?	Do not approve.	Continue to #10.
10.	Approve for 6 months.		
First Renewal Criteria		If yes	If no
1.	Has the member been adherent, had at least a 10% reduction in HbA1c, or HbA1c < 7%?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		
Subsequent Renewal Criteria		If yes	If no
1.	Has at least one A1c been obtained in the previous 6 months?	Continue to #2.	Request HbA1c, do not approve if not provided.
2.	Approve 12 months.		