Effective date: 01/01/2018
Reviewed: 12/2017, 7/2018, 2/2019, 1/2020, 2/2021, 3/2022, 3/2023, 6/2024, 7/2025, 8/2025, 3/2026 Scope: Medicaid

GLP-1 Agonists and GIP/GLP-1 Agonists

GLP-1 Agonists Drug Name: Ozempic (semaglutide), Rybelsus (semaglutide), Trulicity (dulaglutide)

GIP/GLP-1 Agonists Drug Name: Mounjaro (tirzepatide)

I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria are met:

Diabetes:

A. Patient has a documented diagnosis of type 2 diabetes mellitus confirmed by accepted laboratory testing methodologies per treatment guidelines (e.g., A1C greater than or equal to 6.5%, fasting plasma glucose (FPG) greater than or equal to 126 mg/dL, 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL or a random plasma glucose greater than or equal to 200 mg/dL); AND
B. Patient has not achieved target glucose control using a maximum tolerated dose of metformin (2 grams/day) for 3 months unless metformin monotherapy is not clinically appropriate in the patient (i.e., A1C is greater than or equal to 9% or metformin is contraindicated)
C. For Mounjaro requests, the patient has experienced an inadequate treatment response, intolerance, or contraindication to Ozempic OR Rybelsus; AND
D. For Ozempic and Rybelsus requests, the patient is 18 years of age or older; OR
E. For Trulicity and Mounjaro requests the patient is 10 years of age and older; AND
F. For Trulicity requests for patients 18 years of age and older, they have experienced an inadequate treatment response, intolerance, or contraindication to Ozempic OR Rybelsus
G. Ozempic, Rybelsus, Trulicity, and Mounjaro will not be used in conjunction with a Dipeptidyl Peptidase-4 (DPP-4) Inhibitors (Alogliptin, Alogliptin-metformin, Alogliptin-pioglitazone)

Type 2 diabetes with cardiovascular disease, cardiovascular risk factors or chronic kidney disease:

A. The patient is 18 years of age and older;
B. Patient has a documented diagnosis of type 2 diabetes mellitus confirmed by accepted laboratory testing methodologies per treatment guidelines (e.g., A1C greater than or equal to 6.5%, fasting plasma glucose (FPG) greater than or equal to 126 mg/dL, 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL or a random plasma glucose greater than or equal to 200 mg/dL); AND
C. The patient meets one of the following:
    a. The request is for Ozempic or Trulicity and the patient has established cardiovascular disease with a history of ONE of the following:
        i. Previous myocardial infarction (MI)

ii. Previous stroke
iii. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease
iv. Prior history of revascularization (coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), or angioplasty)

b. The request is for Ozempic and the patient has a diagnosis of chronic kidney disease
c. The request is for Trulicity and the patient has a diagnosis of an advanced chronic kidney disease (CKD) with an eGFR less than 30mL/min/1.73m^2
d. The request is for Trulicity and the patient has multiple cardiovascular risk factors

D. For Trulicity requests in patients over 18 years of age or older, the patient has experienced an inadequate treatment response, intolerance, or contraindication to Ozempic

II. CONTINUATION OF THERAPY

Type 2 Diabetes:
A continuation of therapy authorization of 12 months may be granted for patients with type 2 diabetes when ALL the following are met:

i. Documentation demonstrating a reduction in A1C since starting therapy; **AND**
ii. Documentation that the patient meets ALL initial criteria.

Type 2 diabetes with cardiovascular disease, cardiovascular risk factors or chronic kidney disease:
An authorization of 12 months may be granted when all patients with type 2 diabetes with cardiovascular disease, cardiovascular risk factors or chronic kidney disease are requesting authorization for continuation of therapy with documentation that they meet ALL initial criteria.

III. QUANTITY LIMIT

Ozempic 2/1.5ml, Ozempic 4/3ml, Ozempic 8/3ml: 1 pen per 28 days
Trulicity 0.75/0.5ml, 1.5/0.5ml, 3/0.5ml, 4.5/0.5ml: 4 pens per 28 days
Rybelsus 1.5 mg (formulation R2) and 3 mg (formulation R1): 30 tabs every 180 days
Rybelsus 7mg & 14mg (formulation R1): 1 tablet per day
Rybelsus 4mg & 9mg (formulation R2): 1 tablet per day
Mounjaro 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, and 15 mg per 0.5 mL: 4 pens (2 mL) per 28 days