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Glucagon–like Peptide–1 (GLP-1) Receptor Agonists and Glucose Dependent Insulinotropic Polypeptide (GIP) Receptor Agonist Drug Use Criteria

Created: December 2017
Updated: April 2019, October 2020, September 2021, August 2022, March 2023, June 2023, April 2024, June 2024, February 2025, April 2025, October 2025

Includes:

Victoza©	**Liraglutide**
Trulicity©	Dulaglutide
Ozempic©	Semaglutide
Rybelsus©	Semaglutide
Mounjaro©	Tirzepatide

(Bolded items are preferred agents if prior authorization criteria are met)

**Saxenda (liraglutide) is not a covered benefit on OHP as medication is approved for chronic weight management only.*
**Wegovy has a different pathway to coverage (please see Wegovy Drug Use Criteria)*
**Zepbound has a different pathway to coverage (please see Zepbound Drug Use Criteria)*

GUIDELINE FOR USE:

Initial Request:

1. Is the medication being used for treatment of Type 2 Diabetes Mellitus?
    a. If yes, go to 4
    b. If no and member is 20 years of age or younger, go to the Medications for Weight Management Drug Use Criteria.
    c. If no and member is 21 years of age or older, go to 2
2. Is the request for Wegovy?
    a. If yes, go to Wegovy Drug Use Criteria
    b. If no, go to 3

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3. Is the request for Zepbound?

    a. If yes, go to Zepbound Drug Use Criteria
    b. If no, deny as not meeting criteria. Medications for weight loss are not a covered benefit for adults per Guideline Note 5.

4. Is the member's HgA1c level greater than 7.5% as confirmed with lab work completed within the most recent 90 days?

    a. If yes, go to 5
    b. If no, deny as not meeting criteria

5. Is the evidence of severe hyperglycemia (weight loss, hypertriglyceridemia, ketosis, polyuria, or polydipsia) or is the HgA1c greater than 10%?

    a. If yes, deny as not meeting criteria. Please optimize use of long-acting insulin until A1c levels fall below 10%.
    b. If no, go to 6

6. Has the member been taking metformin at an optimized dose of 2000 mg/day for at least 90 days with good adherence?
   **Adherence is defined as Medication Possession Ratio (MPR) greater than or equal to 80% or no gaps between fills that exceed 5 days*

    a. If yes, go to 9
    b. If no, and chart note indicates metformin intolerance, go to 7
    c. If no, and chart note indicates metformin contraindication, go to 8
    d. If no documentation of metformin use provided, deny as not meeting criteria

7. Has the member trialed with extended-release metformin (metformin ER) for at least 90 days, which is often better tolerated than immediate-release formulations?

    a. If yes, go to 8
    b. If no, deny as not meeting criteria

8. Has the member completed a 90-day trial at an optimized therapeutic dose with a preferred formulary agent from one of the following classes:
   - Sulfonylurea [glimepiride, glipizide, glyburide]
   - DPP-4 inhibitor [alogliptin]
   - thiazolidinedione (TZD) [pioglitazone]

    a. If yes, go to 9
    b. If no, deny as not meeting criteria

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9. Has the member completed a 90-day trial with dual oral therapy (metformin + one additional formulary oral agent from the classes above) at optimized doses and with documented adherence, but the A1c remains > 7.5%?
   - If metformin was not tolerated or contraindicated, the member must complete trial with TWO different oral agents from two distinct therapeutic classes listed above (e.g., sulfonylurea + DPP-4 inhibitor, sulfonylurea + TZD, or DPP-4 inhibitor + TZD).

   a. If yes, go to 10
   b. If no, deny as not meeting criteria.

10. Has the member completed a trial of an SGLT-2 inhibitor (e.g., Benzavvy ® or Steglatro ®) for at least 90 days at optimized therapeutic dose with good compliance and HgA1c level remains above 7.5%?
    - If SGLT-2 inhibitor was not tolerated or contraindicated, the member must complete trial with THREE different oral agents from three distinct therapeutic classes listed above (e.g., metformin + sulfonylurea + DPP-4 inhibitor, metformin + sulfonylurea + TZD, metformin + DPP-4 inhibitor + TZD, or sulfonylurea + DPP-4 inhibitor + TZD).

    a. If yes, go to 11
    b. If no, deny as not meeting criteria. Please optimize use of a formulary SGLT-2 inhibitor plus TWO additional oral diabetes agent for a minimum of 90 days before consideration of GLP-1 therapy. Triple therapy with oral diabetes medications is required step therapy. Formulary preferred SGLT-2 inhibitors include Brenzavvy ® and Steglatro.

11. Is the request for liraglutide?

    a. If yes, approve for 6 months
    b. If no, deny as not meeting criteria. Please change to preferred formulary agent, generic Victoza, (liraglutide).

Renewal Request:

1. Has the member demonstrated ongoing adherence to the prescribed diabetes treatment regimen, as confirmed by review of claims history and supporting provider chart notes?
   a. If yes, go to 2
   b. If no, deny as not meeting criteria

2. Is there clinical documentation supporting response to therapy including reduction in HgA1c within the past 90 days compared to the immediately preceding HgA1c level?
   a. If yes, approve for 6 fills (for member not at goal) or 12 fills (for member at goal and on maintenance therapy)
   b. If no, deny as not meeting criteria. Recommend changing treatment plan to optimize HgA1c reduction.

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Rationale:
To promote cost-effective and safe step-therapy management for type 2 diabetes mellitus. To ensure optimization of least costly formulary oral alternatives prior to initiating therapy with more costly GLP-1 agonists. Adherence and dose optimization will be reviewed using prescription refill history for consideration of coverage for GLP-1 agonists. GLP-1 agonists will not be covered for weight loss as use of medications for weight loss is not a covered benefit on OHP. To ensure engagement with lifestyle modifications to optimize glycemic control from Type 2 diabetic patients.

FDA Approved Indication:

These agents are add-on to lifestyle modifications such as diabetes education or dietary counseling to improve glycemic control in adults with Type 2 diabetes. Liraglutide is also indicated to reduce the risk of major adverse cardiovascular events in type diabetic adults with established cardiovascular disease. Dulaglutide has another indication of risk reduction of major cardiovascular events in adults with type 2 diabetes mellitus with cardiovascular disease or multiple cardiovascular risk factors. Semaglutide has an additional indication of risk reduction of major cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease.

References:

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15. Guideline Note 5, Obesity and Overweight (Medications for weight loss are not a covered benefit of OHP)

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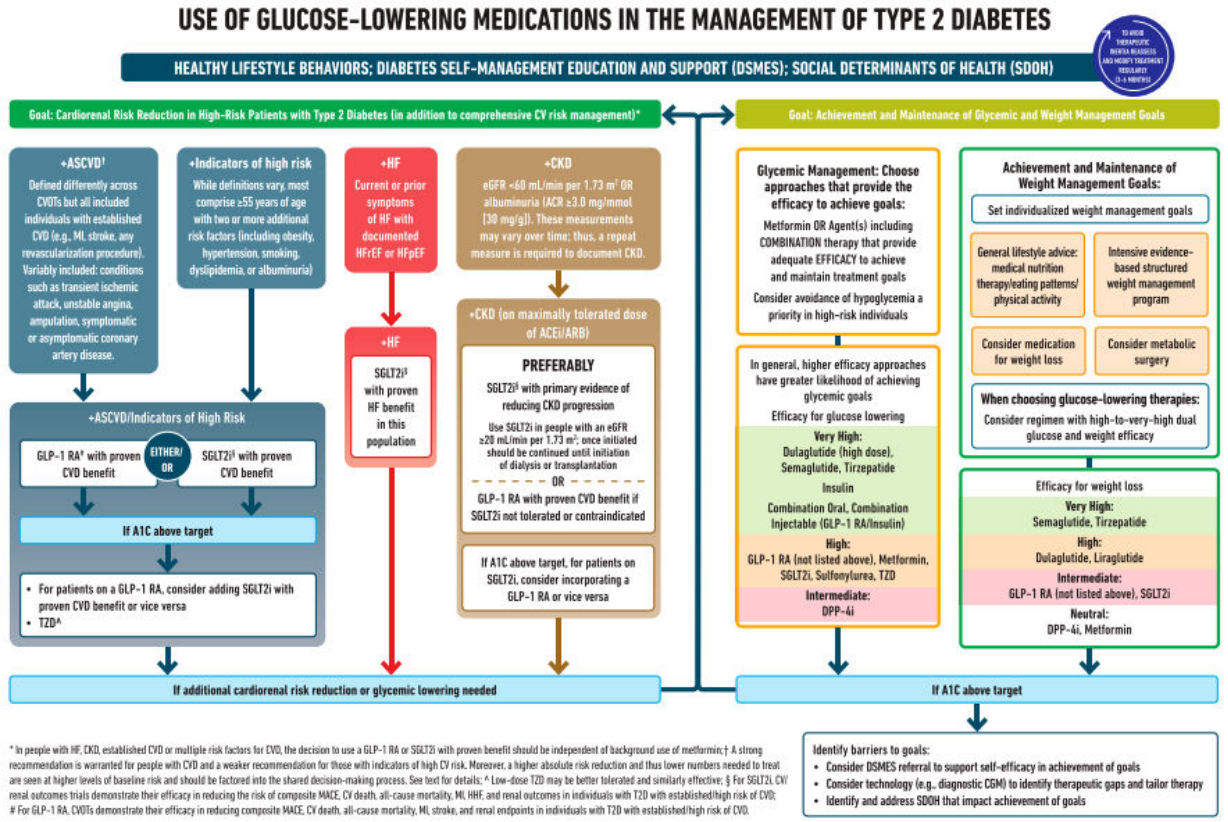

Figure 9.3—Use of glucose-lowering medications in the management of type 2 diabetes. ACEi, angiotensin-converting enzyme inhibitor; ACR, albumin-to-creatinine ratio; ARB, angiotensin receptor blocker; ASCVD, atherosclerotic cardiovascular disease; CGM, continuous glucose monitoring; CKD, chronic kidney disease; CV, cardiovascular; CVD, cardiovascular disease; CVOT, cardiovascular outcomes trial; DPP-4i, dipeptidyl peptidase 4 inhibitor; eGFR, estimated glomerular filtration rate; GLP-1 RA, glucagon-like peptide 1 receptor agonist; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; HHF, hospitalization for heart failure; MACE, major adverse cardiovascular events; MI, myocardial infarction; SDOH, social determinants of health; SGLT2i, sodium-glucose cotransporter 2 inhibitor; T2D, type 2 diabetes; TZD, thiazolidinedione. Adapted from Davies et al. (45).

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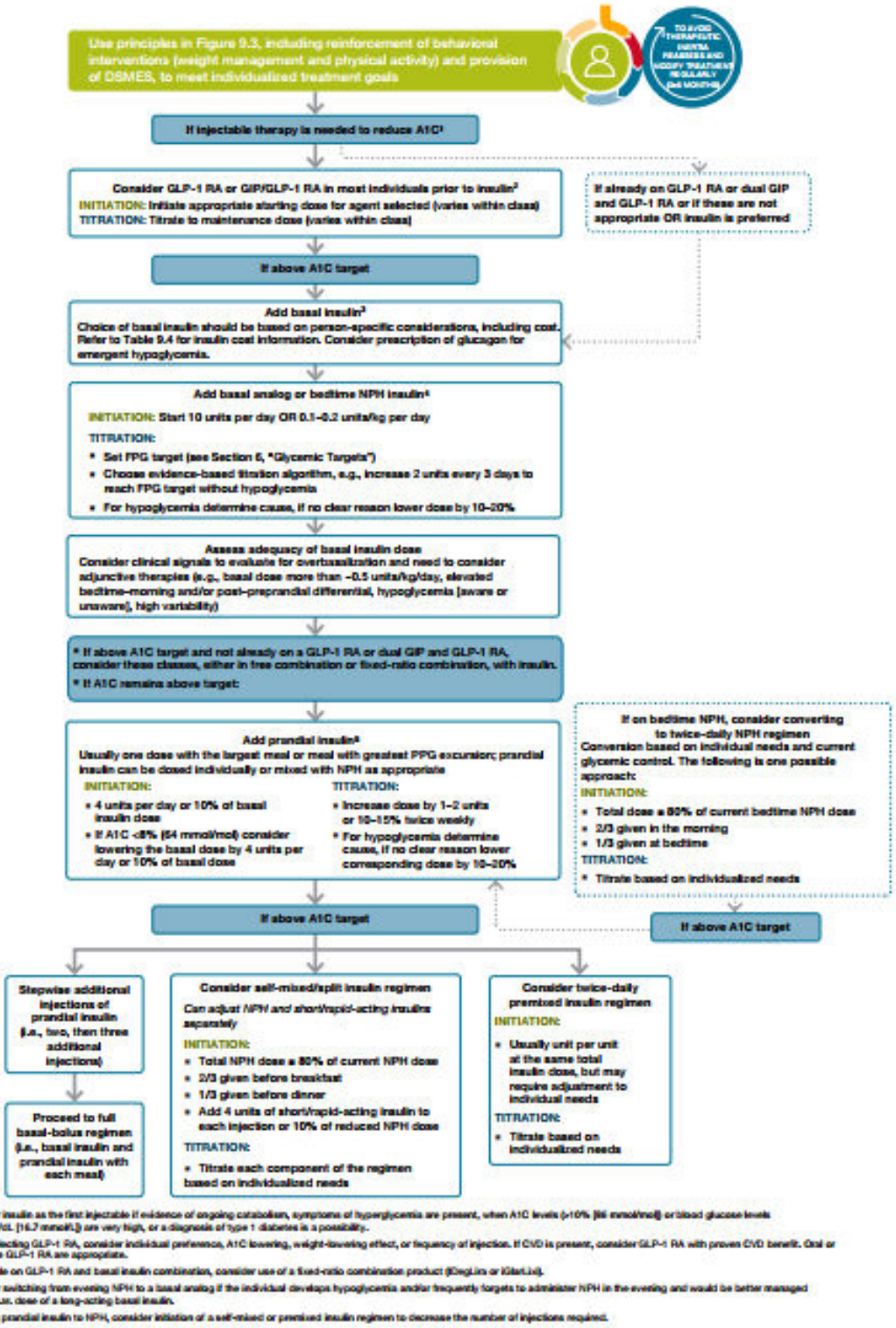

Figure 9.4—Intensifying to injectable therapies in type 2 diabetes. DSMES, diabetes self-management education and support; FPG, fasting plasma glucose; GLP-1 RA, glucagon-like peptide 1 receptor agonist; max, maximum; PPG, postprandial glucose. Adapted from Davies et al. (43).

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