

Clinical Policy Title:	Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
Policy Number:	RxA.799
Drug(s) Applied:	Bydureon BCise®, Trulicity®, Byetta®, Ozempic®, Rybelsus®, Mounjaro®, liraglutide
Original Policy Date:	07/13/2023
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial and Continued Approval Criteria:

A. Type 2 Diabetes Mellitus (must meet all):

1. Member meets one of the following (a or b):
 - a. Member requires ongoing treatment for type 2 diabetes mellitus and has submitted medical records (e.g., chart notes) confirming diagnosis of type 2 diabetes mellitus;
 - b. Submission of medical records (e.g., chart notes) confirming diagnosis of type 2 diabetes mellitus as evidenced by one of the following laboratory values (i, ii, iii, or iv):
 - i. A1C \geq 6.5%;
 - ii. Fasting plasma glucose (FPG) \geq 126 mg/dL;
 - iii. 2-hour plasma glucose (PG) \geq 200 mg/dL during OGTT (oral glucose tolerance test);
 - iv. Random plasma glucose \geq 200 mg/dL;
2. Medication is not prescribed concurrently with the following (a and b):
 - a. Another glucagon-like peptide (GLP-1) receptor agonist;
 - b. Additional strengths of the same GLP-1 receptor agonist.

Approval Duration:

All Lines of Business (except Medicare): 12 months

B. Duplicate therapy override (must meet all):

1. Member must have been on the maintenance dose for at least 4 weeks;
2. Medication is not prescribed concurrently with the following (a and b):
 - a. Another glucagon-like peptide (GLP-1) receptor agonist;
 - b. Additional strengths of the same GLP-1 receptor agonist.

Approval Duration:

All Lines of Business (except Medicare): 7 days

II. Continued Therapy Approval

- #### A. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration:

All Lines of Business (except Medicare): 12 months

References:

1. American Diabetes Association. Introduction: standards of medical care in diabetes—2022. Diabetes Care. 2022;45(Supplement_1): S1-S2. Available at: <https://doi.org/10.2337/dc22-Sint>. Accessed June 16, 2023.

Review/Revision History

Review/Revision Date

P&T Approval Date

Policy established.	06/16/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy reviewed. 1. Removed requirement for t/f Metformin 2. Removed age and dosing criteria 3. Removed ASCV, CKD criteria	3/1/2024	2/28/2024
Policy Reviewed: 1. Added diagnostic criteria: Random blood glucose 2. Added APA criteria	4/15/2024	4/15/2024
Policy Review: 1. Added duplicate therapy criteria 2. Removed Victoza	11/14/2024	12/05/2024
Policy Review: 1. Removed APA criteria 2. Clarified criteria for continuation of therapy	1/17/2025	NA
Policy reviewed: 1. Victoza removed from policy	12/11/2025	12/11/2025
Policy reviewed 1. Updated COT language	12/11/2025	12/11/2025