

GLP-1 (glucagon-like peptide-1) Agonists Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
03-17-2025

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
			M ; N ; O ; Y			
			M ; N ; O ; Y			
Trulicity	dulaglutide soln auto-injector	0.75 MG/0.5ML ; 1.5 MG/0.5ML ; 3 MG/0.5ML ; 4.5 MG/0.5ML	M ; N ; O ; Y	N		
Bydureon bcise	exenatide extended release susp auto-injector	2 MG/0.85ML	M ; N ; O ; Y	N		
Byetta	exenatide soln pen-injector	10 MCG/0.04ML ; 5 MCG/0.02ML	M ; N ; O ; Y	N		
Victoza	liraglutide soln pen-injector	18 MG/3ML ; 6 MG/ML	M ; N ; O ; Y	O ; Y		
Ozempic	semaglutide soln pen-inj	2 MG/1.5ML ; 2 MG/3ML ; 4 MG/3ML ; 8 MG/3ML	M ; N ; O ; Y	N		
Rybelsus	semaglutide tab	1.5 MG ; 14 MG ; 3 MG ; 4 MG ; 7 MG ; 9 MG	M ; N ; O ; Y	N		
Mounjaro	tirzepatide soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
			2	Pens	28	DAYS	6 mLs = 2 pens		
			2	Pens	180	DAYS	6 mLs = 1 box		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Bydureon bcise	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	2 MG/0.85 ML	4	Pens	28	DAYS	3.4 mLs = 4 pens		
Byetta	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	1	Pen	30	DAYS	2.4 mL = 1 pen = 60 doses		
Byetta	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	1	Pen	30	DAYS	1.2 mL = 1 pen = 60 doses		
Mounjaro	Tirzepatide Soln Pen-injector 10 MG/0.5ML	10 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen-injector 12.5 MG/0.5ML	12.5 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen-injector 15 MG/0.5ML	15 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen-injector 2.5 MG/0.5ML	2.5 MG/0.5 ML	4	Pens	180	DAYS			
Mounjaro	Tirzepatide Soln Pen-injector 5 MG/0.5ML	5 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen-injector 7.5 MG/0.5ML	7.5 MG/0.5 ML	4	Pens	28	DAYS			
Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	1	Pen	28	DAYS	3 mL= 1 pen		
Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	1	Pen	28	DAYS	3 mL= 1 pen		
Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	1	Pen	28	DAYS	3 mL= 1 pen		
Ozempic	Semaglutide Soln Pen-inj 0.25 or 0.5 MG/DOSE (2 MG/1.5ML)	2 MG/1.5 ML	1	Pen	28	DAYS	1.5 mL= 1 pen		
Rybelsus	semaglutide tab	1.5 MG	30	Tablets	180	DAYS			
Rybelsus	semaglutide tab	4 MG	30	Tablets	30	DAYS			
Rybelsus	semaglutide tab	9 MG	30	Tablets	30	DAYS			
Rybelsus	semaglutide tab	1.5 MG ; 14 MG ; 3 MG ; 4 MG ; 7 MG ; 9 MG	30	Tablets	30	DAYS			
Rybelsus	Semaglutide Tab 3 MG	3 MG	30	Tablets	180	DAYS			
Trulicity	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	0.75 MG/0.5 ML	4	Pens	28	DAYS			
Trulicity	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	1.5 MG/0.5 ML	4	Pens	28	DAYS			
Trulicity	Dulaglutide Soln Pen-injector 3 MG/0.5ML	3 MG/0.5 ML	4	Pens	28	DAYS			
Trulicity	Dulaglutide Soln Pen-injector 4.5 MG/0.5ML	4.5 MG/0.5 ML	4	Pens	28	DAYS			
Victoza	liraglutide soln pen-injector	18 MG/3ML	3	Pens	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
		; 6 MG/ML							
Victoza	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	18 MG/3ML ; 6 MG/ML	3	Pens	30	DAYS	9 mL = 3 pens		

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
2717005600D230				6 mLs = 2 pens			
2717005600F420				6 mLs = 1 box			
2717002000D420	Bydureon bcise	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	2 MG/0.85 ML	3.4 mLs = 4 pens			
2717002000D240	Byetta	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	2.4 mL = 1 pen = 60 doses			
2717002000D220	Byetta	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	1.2 mL = 1 pen = 60 doses			
2717007000D221	Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	3 mL = 1 pen		01-09-2023	
2717007000D225	Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	3 mL = 1 pen			
2717007000D222	Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	3 mL = 1 pen			
2717007000D210	Ozempic	Semaglutide Soln Pen-inj 0.25 or 0.5 MG/DOSE (2 MG/1.5ML)	2 MG/1.5 ML	1.5 mL = 1 pen			
2717005000D220	Victoza	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	18 MG/3ML ; 6 MG/ML	9 mL = 3 pens			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
			Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Bydureon bcise	exenatide extended release susp auto-injector	2 MG/0.85ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Byetta	exenatide soln pen-injector	10 MCG/0.04ML ; 5 MCG/0.02ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Mounjaro	tirzepatide soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Ozempic	semaglutide soln pen-inj	2 MG/1.5ML ; 2 MG/3ML ; 4 MG/3ML ; 8 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Rybelsus	semaglutide tab	1.5 MG ; 14 MG ; 3 MG ; 4 MG ; 7 MG ; 9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Trulicity	dulaglutide soln auto-injector	0.75 MG/0.5ML ; 1.5 MG/0.5ML ; 3 MG/0.5ML ; 4.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Victoza	liraglutide soln pen-injector	18 MG/3ML ; 6 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
			Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Bydureon bcise	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	2 MG/0.85ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Byetta	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Byetta	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector 10 MG/0.5ML	10 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Mounjaro	Tirzepatide Soln Pen-injector 12.5 MG/0.5ML	12.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector 15 MG/0.5ML	15 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector 2.5 MG/0.5ML	2.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector 5 MG/0.5ML	5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector 7.5 MG/0.5ML	7.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj 0.25 or 0.5 MG/DOSE (2 MG/1.5ML)	2 MG/1.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Rybelsus	semaglutide tab	1.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Rybelsus	semaglutide tab	4 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Rybelsus	semaglutide tab	9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Rybelsus	semaglutide tab	1.5 MG ; 14 MG ; 3 MG ; 4 MG ; 7 MG ; 9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Rybelsus	Semaglutide Tab 3 MG	3 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Trulicity	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	0.75 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Trulicity	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	1.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Trulicity	Dulaglutide Soln Pen-injector 3 MG/0.5ML	3 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Trulicity	Dulaglutide Soln Pen-injector 4.5 MG/0.5ML	4.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Victoza	liraglutide soln pen-injector	18 MG/3ML ; 6 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Victoza	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	18 MG/3ML ; 6 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval				
	<table border="1"> <thead> <tr> <th>Preferred Target Agent(s)</th><th>Non-Preferred Target Agent(s)</th></tr> </thead> <tbody> <tr> <td> Bydureon (exenatide) Mounjaro (tirzepatide) Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide) </td><td> Adlyxin (lixisenatide) Byetta (exenatide) Victoza (liraglutide)* </td></tr> </tbody> </table> <p>*generic available</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> The patient has a diagnosis of type 2 diabetes AND The patient's diagnosis has been confirmed by ONE of the following lab tests [chart notes or a copy of lab test results required]: <ol style="list-style-type: none"> A1C greater than or equal to 6.5% OR Fasting plasma glucose greater than or equal to 126 mg/dL OR 2-hour plasma glucose greater than or equal to 200 mg/dL during OGTT OR Random plasma glucose greater than or equal to 200 mg/dL, along with symptoms of hyperglycemia AND ONE of the following: <ol style="list-style-type: none"> The requested agent is a preferred GLP-1 or GLP-1/GIP OR The agent is a non-preferred GLP-1 or GLP-1/GIP and TWO of the following: <ol style="list-style-type: none"> ONE of the following: <ol style="list-style-type: none"> The prescriber states the patient is currently being treated with the requested agent AND the patient is currently stable on the requested agent OR The patient has tried and had an inadequate response to semaglutide (Ozempic OR Rybelsus) OR Semaglutide (Ozempic OR Rybelsus) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR The patient has an intolerance or hypersensitivity to semaglutide (Ozempic OR Rybelsus) OR The patient has an FDA labeled contraindication to semaglutide (Ozempic OR Rybelsus) AND OR Semaglutide (Ozempic OR Rybelsus) is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm OR 	Preferred Target Agent(s)	Non-Preferred Target Agent(s)	Bydureon (exenatide) Mounjaro (tirzepatide) Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide)	Adlyxin (lixisenatide) Byetta (exenatide) Victoza (liraglutide)*
Preferred Target Agent(s)	Non-Preferred Target Agent(s)				
Bydureon (exenatide) Mounjaro (tirzepatide) Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide)	Adlyxin (lixisenatide) Byetta (exenatide) Victoza (liraglutide)*				

Module	Clinical Criteria for Approval
	<p>G. Semaqlutide (Ozempic OR Rybelsus) is not in the best interest of the patient based on medical necessity OR</p> <p>H. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as semaglutide (Ozempic OR Rybelsus) and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>I. The requested agent is medically necessary and appropriate for the patient OR</p> <p>2. ONE of the following:</p> <p>A. The prescriber states the patient is currently being treated with the requested agent AND the patient is currently stable on the requested agent OR</p> <p>B. The patient has tried and had an inadequate response to dulaglutide (Trulicity) OR</p> <p>C. Dulaglutide (Trulicity) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>D. The patient has an intolerance or hypersensitivity to dulaglutide (Trulicity) OR</p> <p>E. The patient has an FDA labeled contraindication to dulaglutide (Trulicity) OR</p> <p>F. Dulaglutide (Trulicity) is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm OR</p> <p>G. Dulaglutide (Trulicity) is not in the best interest of the patient based on medical necessity OR</p> <p>H. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as dulaglutide (Trulicity) and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>I. The requested agent is medically necessary and appropriate for the patient OR</p> <p>3. ONE of the following:</p> <p>A. The prescriber states the patient is currently being treated with the requested agent AND the patient is currently stable on the requested agent OR</p> <p>B. The patient has tried and had an inadequate response to tirzepatide (Mounjaro) OR</p> <p>C. Tirzepatide (Mounjaro) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>D. The patient has an intolerance or hypersensitivity to tirzepatide (Mounjaro) OR</p> <p>E. The patient has an FDA labeled contraindication to tirzepatide (Mounjaro) OR</p> <p>F. Tirzepatide (Mounjaro) is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm OR</p> <p>G. Tirzepatide (Mounjaro) is not in the best interest of the patient based on medical necessity OR</p> <p>H. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as</p>

Module	Clinical Criteria for Approval
	<p>tirzepatide (Mounjaro) and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>I. The requested agent is medically necessary and appropriate for the patient AND</p> <p>4. The patient will NOT be using the requested agent in combination with a DPP-4 containing agent for the requested indication AND</p> <p>5. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent</p> <p>Length of approval: 12 months</p> <p>For BCBSIL members: Approve for 12 months (if approving starter pack that has separate GPI-14, approve both starter pack and maintenance product for 12 months each)</p> <p>NOTE: If Quantity Limit program also applies, please refer to Quantity Limit criteria.</p> <p>The requested agent will also be approved when the following are met:</p> <p>1. The member resides in Ohio AND</p> <p>2. The plan is Fully Insured or HIM Shop (SG) AND BOTH of the following</p> <p>A. The patient does NOT have any FDA labeled contraindications to the requested agent AND</p> <p>B. ONE of the following:</p> <p>1. The patient has another FDA labeled indication for the requested agent and route of administration OR</p> <p>2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR</p> <p>3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required]</p> <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <p>1. The requested quantity (dose) does NOT exceed the program quantity limit OR</p> <p>2. BOTH of the following:</p> <p>A. The patient has a diagnosis of type 2 diabetes mellitus AND</p>

Module	Clinical Criteria for Approval
	<p data-bbox="354 178 1380 237">B. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following:</p> <ol data-bbox="467 237 1421 556" style="list-style-type: none"> <li data-bbox="467 237 787 268">1. BOTH of the following: <ol style="list-style-type: none"> <li data-bbox="565 268 1372 327">A. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND <li data-bbox="565 327 1421 415">B. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR <li data-bbox="467 415 787 447">2. BOTH of the following: <ol style="list-style-type: none"> <li data-bbox="565 447 1421 506">A. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND <li data-bbox="565 506 1421 556">B. There is support for therapy with a higher dose for the requested indication <p data-bbox="228 594 636 625">Length of Approval: 12 months</p>