

PAYER POLICY DOCUMENT: Rx-99-GLP1

Effective Date: 2024-01-01

SUBJECT: Utilization Management for GLP-1 Receptor Agonists

CLINICAL CRITERIA FOR APPROVAL:

1. Patient must have a confirmed diagnosis of Type 2 Diabetes Mellitus (ICD-10 E11).
2. Patient must be 18 years of age or older.
3. DOCUMENTATION OF STEP THERAPY REQUIRED:
 - The patient must have tried and failed Metformin for at least 3 months,
OR have a documented contraindication to Metformin (e.g., renal failure).
4. Hemoglobin A1c (HbA1c) levels must be greater than 7.0%.

COVERAGE LIMITATIONS:

Use for weight loss (obesity) without Type 2 Diabetes is EXCLUDED.