Hypoglycemics, Incretin Mimetics/Enhancers (GLP-1/GIP Agonists for Use in Diabetes) Utilization Management Criteria

Therapeutic Class:	Hypoglycemics, Incretin Mimetics/Enhancers (GLP-1/GIP Agonists for Use in Diabetes)
Non-Preferred Agents:	Bydureon Bcise (Exenatide ER), Exenatide, Liraglutide (generic Victoza), Mounjaro (tirzepatide), Rybelsus (semaglutide), Soliqua (insulin glargine and lixisenatide), Xultophy (insulin degludec and liraglutide)
Preferred Agents:	Byetta (exenatide), Ozempic (semaglutide), Trulicity (dulaglutide), Victoza (liraglutide)
Implementation Date:	1/1/2026
Prepared For:	CT
PDL Status:	Non-preferred
Purpose:	Diabetes is a chronic condition that affects over 38 million people in the United States with the majority of patients being diagnosed with type 2 diabetes mellitus. Patients with type 2 diabetes may present with impaired insulin secretion and insulin resistance. Type 2 diabetes can be managed through diet and exercise alone or in combination with oral or injectable pharmacologic treatments. The glucagon-like peptide-1 (GLP-1) receptor agonists bind to and activate the GLP-1 receptor leading to an increase in insulin secretion, a decrease in glucagon secretion, and delayed gastric emptying. In addition to GLP-1, tirzepatide is a glucose-dependent insulinotropic polypeptide (GIP) receptor agonist. Most of the medications in this class are given by subcutaneous injection. Rybelsus is the only orally administered GLP-1 receptor agonist and is taken once a day. Frequency of administration varies between agents with immediate release exenatide requiring twice daily injections, liraglutide being administered once daily, and dulaglutide, semaglutide, and tirzepatide being administered once weekly. Soliqua and Xultophy are combination products that include a long-acting insulin and a GLP-1 agonist and are injected once daily. The most frequent side effects for these agents include nausea, vomiting, constipation, diarrhea, decreased appetite and dyspepsia. Doses should be titrated according to product labelling to help reduce the incidence of side effects and adverse events. The 2025 ADA Standards of Care in Diabetes recommends consideration of a GLP-1 receptor agonist or dual GIP and GLP-1 receptor agonist when injectable therapy is needed for type 2 diabetes.

Table 1. Hypoglycemics, Incretin Mimetics/Enhancers (GLP-1/GIP Agonists for Use in Diabetes)

Generic Name	Brand Name	Approved Indications	Route of Administration	Generic Availability
Degludec/liraglutide	Xultophy®	Improve glycemic control in type 2 diabetes mellitus	SC	No
Dulaglutide	Trulicity®	Improve glycemic control in type 2 diabetes mellitus Reduction in risk of major cardiovascular (CV) events in type 2 diabetic patients with established CV disease or risk factors	SC	No
Exenatide	Bydureon BCISE®* Byetta®*	Improve glycemic control in type 2 diabetes mellitus	SC	Yes
Glargine/lixisenatide	Soliqua®	Improve glycemic control in type 2 diabetes mellitus	SC	No
Liraglutide	Victoza®	Improve glycemic control in type 2 diabetes mellitus Reduction in risk of major cardiovascular (CV) events in type 2 diabetic patients with established CV disease	SC	Yes
Semaglutide	Ozempic®	Improve glycemic control in type 2 diabetes mellitus Reduction in risk of major cardiovascular (CV) events in type 2 diabetic patients with established CV disease Reduction in risk of sustained eGFR decline, end-stage kidney disease and CV death in patients with type 2 diabetes mellitus and chronic kidney disease	SC	No
Semaglutide	Rybelsus®	Improve glycemic control in type 2 diabetes mellitus Reduction in risk of major cardiovascular (CV) events in type 2 diabetic patients at high risk of these events	PO	No
Tirzepatide	Mounjaro®	Improve glycemic control in type 2 diabetes mellitus	SC	No

Abbreviations: PO, oral; SC, subcutaneous
**Brand not commercially available*

All authorizations must be prescribed in accordance with FDA approved labeling. Use of samples to initiate therapy does not meet step therapy and/or continuation of therapy prior authorization requirements. Prior therapies will be verified through pharmacy claims and/or submitted chart notes.

General Approval Criteria:

- For specific formulation requests
  - **For brand requests when a therapeutically equivalent generic is preferred:** Provider must provide a documented medical reason the preferred generic formulation cannot be used
  - **For generic requests when a therapeutically equivalent brand is preferred:** Provider must provide a documented medical reason the preferred brand formulation cannot be used
  - **For non-preferred dosage or formulation requests:** Provider must provide a documented medical reason the preferred dosage or formulation cannot be used

Initial Therapy – All the following must be met:

- Claim is for a preferred agent *(appropriate diagnosis code required on prescription)* **OR**
- Documented diagnosis of type 2 diabetes mellitus as defined by one or more of the following (must be documented in a chart note or with laboratory results):
    - A1c **≥**6.5% (**≥**48 mmol/mol)
    - Fasting plasma glucose ≥126 mg/dL (≥7.0 mmol/L)
    - 2 hour plasma glucose ≥200 mg/dL (≥11.1 mmol/L) during oral glucose tolerance test
    - Classic symptoms of hyperglycemia (e.g., polyuria, polydipsia, and unexplained weight loss) or hyperglycemic crisis (diabetic ketoacidosis or hyperglycemic hyperosmolar state) and a random plasma glucose **≥**200 mg/dL (≥11.1 mmol/L) **AND**
- Trial and failure of a preferred agent (Byetta, Ozempic, Trulicity, Victoza) as defined by failure to improve or maintain improvement in glycemic control (submission of laboratory values dated after the initiation of treatment with the preferred agent are required in order to demonstrate insufficient response) **OR** documented adverse drug reaction/adverse drug event or contraindication to Byetta, Ozempic, Trulicity and Victoza (gastrointestinal side effects are not considered an intolerance as they are expected class effects unless medical justification for discontinuation is provided by prescriber)
- Provider attests that a GLP-1 receptor agonist containing product will be used alongside diet and exercise
- Prescribed medication will not be used with another GLP-1 receptor agonist containing product
- Patient does not have a personal or family history of medullary thyroid carcinoma (MTC) or multiple endocrine neoplasia syndrome type 2 (MEN 2) (excluding Exenatide, Soliqua)
- Patient is not on concomitant dipeptidyl peptidase 4 (DPP-4) inhibitor containing therapy **OR** provider attests patient is transitioning from a DPP-4 inhibitor to a GLP-1 receptor agonist containing product

Additional Criteria for Xultophy and Soliqua

- Provider attests that patient does not have frequent episodes of hypoglycemia

Non-preferred Age Limitations:

- Exenatide, Mounjaro, Rybelsus, Soliqua, Xultophy: 18 years and older
- Liraglutide: 10 years and older

Initial PA length: 1 year

Exclusion Criteria: Approval criteria not met

Continuation Therapy – All of the following must be met

- Documented compliance on current therapy regimen
- Documented diagnosis of type 2 diabetes mellitus
- Documented continued clinical benefit (i.e. improvement in hemoglobin A1c) Submission of baseline **AND** recent (within 180 days of submission) laboratory values with dates documenting improvement in glycemic control or maintenance of glycemic goal required.
- Patient is not using concomitant DPP-4 inhibitor containing therapy
- For specific formulation requests
    - **For brand requests when a therapeutically equivalent generic is preferred:** Provider must provide a documented medical reason the preferred generic formulation cannot be used

- **For generic requests when a therapeutically equivalent brand is preferred:** Provider must provide a documented medical reason the preferred brand formulation cannot be used
- **For non-preferred dosage or formulation requests:** Provider must provide a documented medical reason the preferred dosage or formulation cannot be used

Continuation Length: 1 year

References:

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Revision History

Date	Version	Revisions
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