

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

POLICY REVIEW CYCLE

Effective Date
02-15-2026

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
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	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/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
Bydureon bcise	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	2 MG/0.85 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		

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
Byetta ; Exenatide	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	1	Pen	30	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Byetta ; Exenatide	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	1	Pen	30	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Mounjaro	Tirzepatide Soln Pen-injector 10 MG/0.5ML	10 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Mounjaro	Tirzepatide Soln Pen-injector 12.5 MG/0.5ML	12.5 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Mounjaro	Tirzepatide Soln Pen-injector 15 MG/0.5ML	15 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Mounjaro	Tirzepatide Soln Pen-injector 2.5 MG/0.5ML	2.5 MG/0.5 ML	4	Pens	180	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Mounjaro	Tirzepatide Soln Pen-injector 5 MG/0.5ML	5 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		

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
Mounjaro	Tirzepatide Soln Pen-injector 7.5 MG/0.5ML	7.5 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	1	Pen	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	1	Pen	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	1	Pen	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Rybelsus	semaglutide tab	1.5 MG	30	Tablets	180	DAYS	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		
Rybelsus	semaglutide tab	4 MG	30	Tablets	30	DAYS	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		
Rybelsus	semaglutide tab	9 MG	30	Tablets	30	DAYS	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		
Rybelsus	Semaglutide Tab 14 MG	14 MG	30	Tablets	30	DAYS	Fill limit of one oral GLP-1 agent and one		

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
							strength per 28 days. Refill window applies.		
Rybelsus	Semaglutide Tab 3 MG	3 MG	30	Tablets	180	DAYS	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		
Rybelsus	Semaglutide Tab 7 MG	7 MG	30	Tablets	30	DAYS	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		
Trulicity	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	0.75 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Trulicity	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	1.5 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Trulicity	Dulaglutide Soln Pen-injector 3 MG/0.5ML	3 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Trulicity	Dulaglutide Soln Pen-injector 4.5 MG/0.5ML	4.5 MG/0.5 ML	4	Pens	28	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		
Victoza	liraglutide soln pen-injector	18 MG/3ML ; 6 MG/ML	3	Pens	30	DAYS	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill		

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
							window applies.		
Victoza	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	18 MG/3ML ; 6 MG/ML	3	Pens	30	DAYS	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		

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
2717002000D420	Bydureon bcise	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	2 MG/0.85 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.			
2717002000D240	Byetta ; Exenatide	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.			
2717002000D220	Byetta ; Exenatide	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.			
2717308000D525	Mounjaro	Tirzepatide Soln Pen-injector 10 MG/0.5ML	10 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717308000D530	Mounjaro	Tirzepatide Soln Pen-injector 12.5 MG/0.5ML	12.5 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717308000D535	Mounjaro	Tirzepatide Soln Pen-injector 15 MG/0.5ML	15 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717308000D510	Mounjaro	Tirzepatide Soln Pen-injector 2.5 MG/0.5ML	2.5 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717308000D515	Mounjaro	Tirzepatide Soln Pen-injector 5 MG/0.5ML	5 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717308000D520	Mounjaro	Tirzepatide Soln Pen-injector 7.5 MG/0.5ML	7.5 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717007000D221	Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		01-09-2023	
2717007000D225	Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.			
2717007000D222	Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.			
27170070000305	Rybelsus	semaglutide tab	1.5 MG	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		03-17-2025	
27170070000315	Rybelsus	semaglutide tab	4 MG	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		03-17-2025	

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
27170070000325	Rybelsus	semaglutide tab	9 MG	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.		03-17-2025	
27170070000330	Rybelsus	Semaglutide Tab 14 MG	14 MG	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.			
27170070000310	Rybelsus	Semaglutide Tab 3 MG	3 MG	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.			
27170070000320	Rybelsus	Semaglutide Tab 7 MG	7 MG	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.			
2717001500D520	Trulicity	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	0.75 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717001500D530	Trulicity	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	1.5 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717001500D540	Trulicity	Dulaglutide Soln Pen-injector 3 MG/0.5ML	3 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717001500D550	Trulicity	Dulaglutide Soln Pen-injector 4.5 MG/0.5ML	4.5 MG/0.5 ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.		09-23-2024	
2717005000	Victoza	liraglutide soln pen-injector	18 MG/3ML ; 6 MG/ML	Fill limit of one oral GLP-1 agent and one strength per 28 days. Refill window applies.			
2717005000D220	Victoza	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	18 MG/3ML ; 6 MG/ML	Fill limit of one injectable GLP-1 agent and one strength per 28 days. Refill window applies.			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Bydureon bcise	exenatide extended release susp auto-injector	2 MG/0.85ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Byetta ; Exenatide	exenatide soln pen-injector	10 MCG/0.04ML ; 5 MCG/0.02ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ozempic	semaglutide soln pen-inj	2 MG/3ML ; 4 MG/3ML ; 8 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Victoza	liraglutide soln pen-injector	18 MG/3ML ; 6 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Byetta ; Exenatide	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Byetta ; Exenatide	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2026 ; Topaz ; Whole Foods
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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rybelsus	semaglutide tab	9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rybelsus	semaglutide tab	4 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rybelsus	semaglutide tab	1.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rybelsus	Semaglutide Tab 14 MG	14 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rybelsus	Semaglutide Tab 3 MG	3 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2026 ; Topaz ; Whole Foods
Rybelsus	Semaglutide Tab 7 MG	7 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Victoza	liraglutide soln pen-injector	18 MG/3ML ; 6 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; 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 BCise (exenatide) Mounjaro (tirzepatide) Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide) </td> <td> 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 request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR 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 requested agent is a preferred GLP-1 or GLP-1/GIP receptor agonist OR The agent is a non-preferred GLP-1 or GLP-1/GIP receptor agonist and TWO of the following: <ol style="list-style-type: none"> ONE of the following: <ol style="list-style-type: none"> 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; 	Preferred Target Agent(s)	Non-Preferred Target Agent(s)	Bydureon BCise (exenatide) Mounjaro (tirzepatide) Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide)	Byetta, Exenatide Victoza (liraglutide)*
Preferred Target Agent(s)	Non-Preferred Target Agent(s)				
Bydureon BCise (exenatide) Mounjaro (tirzepatide) Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide)	Byetta, Exenatide Victoza (liraglutide)*				

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	<p>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>F. Semaglutide (Ozempic OR Rybelsus) is not in the best interest of the patient based on medical necessity OR</p> <p>G. 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>H. The requested agent is medically necessary and appropriate for the patient OR</p> <p>2. ONE of the following:</p> <p>A. The patient has tried and had an inadequate response to dulaglutide (Trulicity) OR</p> <p>B. Dulaglutide (Trulicity) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>C. The patient has an intolerance or hypersensitivity to dulaglutide (Trulicity) OR</p> <p>D. The patient has an FDA labeled contraindication to dulaglutide (Trulicity) OR</p> <p>E. 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>F. Dulaglutide (Trulicity) is not in the best interest of the patient based on medical necessity OR</p> <p>G. 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>H. The requested agent is medically necessary and appropriate for the patient OR</p> <p>3. ONE of the following:</p> <p>A. The patient has tried and had an inadequate response to tirzepatide (Mounjaro) OR</p> <p>B. Tirzepatide (Mounjaro) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>C. The patient has an intolerance or hypersensitivity to tirzepatide (Mounjaro) OR</p> <p>D. The patient has an FDA labeled contraindication to tirzepatide (Mounjaro) OR</p> <p>E. 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>F. Tirzepatide (Mounjaro) is not in the best interest of the patient based on medical necessity OR</p> <p>G. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as tirzepatide (Mounjaro) and that prescription drug was</p>

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	<p style="text-align: center;">discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p style="text-align: center;">H. The requested agent is medically necessary and appropriate for the patient AND</p> <ol style="list-style-type: none"> 4. If the patient has an FDA labeled indication, then ONE of the following: <ol style="list-style-type: none"> A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND 5. The patient will NOT be using the requested agent in combination with a DPP-4 containing agent (e.g., Alogliptin/metformin, Alogliptin/pioglitazone, Brynovin, Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, Kombiglyze XR, Nesina, Onglyza, Tradjenta, Trijardy, Zituvio, Zituvimet, Zituvimet XR) for the requested indication AND 6. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent (e.g., Saxenda, Wegovy, Zepbound, Bydureon, Byetta, Exenatide, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza) AND 7. The patient does NOT have any FDA labeled contraindications to the requested agent <p>Length of approval:</p> <p>BCBSOK: 36 months</p> <p>BCBSIL: 12 months (if approving starter pack that has separate GPI-14, approve both starter pack and maintenance product for 12 months each)</p> <p>ALL other plans: 12 months</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 ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following: <ol style="list-style-type: none"> A. The patient does NOT have any FDA labeled contraindications to the requested agent AND B. The requested indication is a rare disease AND C. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 2. ALL of the following: <ol style="list-style-type: none"> A. The member resides in Ohio AND B. The plan is Fully Insured or HIM Shop (SG) AND C. The patient does NOT have any FDA labeled contraindications to the requested agent AND D. ONE of the following: <ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 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

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	<p data-bbox="518 180 1321 239">blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required]</p> <p data-bbox="232 275 1393 333">Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p data-bbox="232 371 1378 457">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 data-bbox="232 495 498 525">Length of Approval:</p> <p data-bbox="232 562 483 592">BCBSOK: 36 months</p> <p data-bbox="232 630 568 659">ALL other plans: 12 months</p> <p data-bbox="232 697 1073 726">NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p> <p data-bbox="232 827 498 856">Renewal Evaluation</p> <p data-bbox="232 894 1081 924">Target Agent(s) will be approved when ALL of the following are met:</p> <ol data-bbox="280 961 1417 1971" style="list-style-type: none"> <li data-bbox="280 961 1393 1104">1. The patient has been previously approved for therapy with an agent targeted in this policy (i.e., Bydureon BCise, Mounjaro, Ozempic, Rybelsus, Trulicity, Byetta, Exenatide, Victoza, liraglutide) through the plan’s Prior Authorization process in the past 12 months [Note: patients not previously approved for an agent targeted in this policy will require initial evaluation review] AND <li data-bbox="280 1108 1417 1971">2. ONE of the following: <ol data-bbox="375 1136 1417 1971" style="list-style-type: none"> <li data-bbox="375 1136 1386 1192">A. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR <li data-bbox="375 1197 1362 1253">B. The prescriber states the patient is currently being treated with the requested agent AND the patient is currently stable on the requested agent OR <li data-bbox="375 1257 1138 1287">C. The requested agent is a preferred GLP-1 or GLP-1/GIP OR <li data-bbox="375 1291 1338 1971">D. The agent is a non-preferred GLP-1 or GLP-1/GIP and TWO of the following: <ol data-bbox="472 1312 1417 1971" style="list-style-type: none"> <li data-bbox="472 1339 1299 1396">1. ONE of the following: <ol data-bbox="566 1346 1417 1971" style="list-style-type: none"> <li data-bbox="566 1346 1299 1402">A. The patient has tried and had an inadequate response to semaglutide (Ozempic OR Rybelsus) OR <li data-bbox="566 1407 1417 1484">B. Semaglutide (Ozempic OR Rybelsus) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR <li data-bbox="566 1488 1398 1545">C. The patient has an intolerance or hypersensitivity to semaglutide (Ozempic OR Rybelsus) OR <li data-bbox="566 1549 1378 1606">D. The patient has an FDA labeled contraindication to semaglutide (Ozempic OR Rybelsus) AND OR <li data-bbox="566 1610 1417 1829">E. 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 <li data-bbox="566 1833 1398 1890">F. Semaglutide (Ozempic OR Rybelsus) is not in the best interest of the patient based on medical necessity OR <li data-bbox="566 1894 1417 1971">G. 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

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	<p>was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>H. The requested agent is medically necessary and appropriate for the patient OR</p> <p>2. ONE of the following:</p> <p>A. The patient has tried and had an inadequate response to dulaglutide (Trulicity) OR</p> <p>B. Dulaglutide (Trulicity) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>C. The patient has an intolerance or hypersensitivity to dulaglutide (Trulicity) OR</p> <p>D. The patient has an FDA labeled contraindication to dulaglutide (Trulicity) OR</p> <p>E. 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>F. Dulaglutide (Trulicity) is not in the best interest of the patient based on medical necessity OR</p> <p>G. 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>H. The requested agent is medically necessary and appropriate for the patient OR</p> <p>3. ONE of the following:</p> <p>A. The patient has tried and had an inadequate response to tirzepatide (Mounjaro) OR</p> <p>B. Tirzepatide (Mounjaro) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>C. The patient has an intolerance or hypersensitivity to tirzepatide (Mounjaro) OR</p> <p>D. The patient has an FDA labeled contraindication to tirzepatide (Mounjaro) OR</p> <p>E. 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>F. Tirzepatide (Mounjaro) is not in the best interest of the patient based on medical necessity OR</p> <p>G. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as tirzepatide (Mounjaro) and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>H. The requested agent is medically necessary and appropriate for the patient AND</p> <p>3. The patient has had clinical benefit with a targeted agent in this policy (i.e., Bydureon BCise, Mounjaro, Ozempic, Rybelsus, Trulicity, Byetta, Exenatide, Victoza, liraglutide) AND</p> <p>4. The patient will NOT be using the requested agent in combination with a DPP-4 containing agent (e.g., Alogliptin/metformin, Alogliptin/pioglitazone, Brynovin, Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, Kombiglyze XR, Nesina, Onglyza, Tradjenta, Trijardy, Zituvio, Zituvimet, Zituvimet XR) for the requested indication AND</p>

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	<p>5. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent (e.g., Saxenda, Wegovy, Zepbound, Bydureon, Byetta, Exenatide, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza) AND</p> <p>6. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

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QL	<p>Quantity Limit for the Target Agent(s) will be approved when BOTH of the following is met:</p> <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) does NOT exceed the program quantity limit OR B. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> 1. If the requested agent is Mounjaro 2.5 mg AND the intended use is for maintenance therapy, then BOTH of the following: <ol style="list-style-type: none"> A. The patient has an inability to use an FDA labeled strength indicated for maintenance therapy AND B. The patient has had clinical benefit on the lower requested strength from baseline (prior to initiation of the requested agent and strength) OR 2. BOTH of the following: <ol style="list-style-type: none"> A. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND B. There is support for therapy with a higher dose for the requested indication OR 3. BOTH of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND 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 4. BOTH of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND B. There is support for therapy with a higher dose for the requested indication AND 2. ONE of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) does NOT exceed the program fill limit in the past 28 days OR B. The requested quantity (dose) exceeds the program fill limit in the past 28 days AND ONE of the following: <ol style="list-style-type: none"> 1. The patient is switching to a different strength of the previously filled GLP-1 agent (e.g., previously filled Ozempic 2 mg and now requesting Ozempic 4 mg) AND BOTH of the following: <ol style="list-style-type: none"> A. ONE of the following: <ol style="list-style-type: none"> 1. The patient has had an inadequate response and is switching to a higher strength OR 2. The patient has had an intolerance with the previously filled GLP-1 agent and is switching to a lower strength AND B. The patient will NOT be using both strengths at the same time for the requested indication OR 2. The patient is switching to a different GLP-1 agent AND ONE of the following:

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	<p data-bbox="565 180 1406 411"> A. The patient has had an inadequate response and is switching to a different GLP-1 agent OR B. The patient has an intolerance or hypersensitivity to the previously filled GLP-1 agent or strength that is not expected to occur with the requested agent OR C. The patient has an FDA labeled contraindication to the previously filled GLP-1 agent that is not expected to occur with the requested agent </p> <p data-bbox="232 449 496 480">Length of Approval:</p> <ul data-bbox="280 518 1390 638" style="list-style-type: none"> • Approve one time (1 month) for the requested agent/strength if within QL but over fill limit and replacing another GLP-1 agent/strength. • Approve one time (1 month) for titration dose extension requests. • 12 months other requests