

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

POLICY REVIEW CYCLE

Effective Date 1/1/2024

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 pen- injector	0.75 MG/0.5ML ; 1.5 MG/0.5ML ; 3 MG/0.5ML ; 4.5 MG/0.5ML		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	M;N;O;Y	N		
Adlyxin starter pack	lixisenatide pen-inj starter kit	10 & 20 MCG/0.2ML	M;N;O;Y	N		
Adlyxin	lixisenatide soln pen- injector	20 MCG/0.2ML	M;N;O;Y	N		
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	14 MG; 3 MG; 7 MG	M;N;O;Y	N		
Mounjaro	tirzepatide soln pen- 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)	_	Strengt h	QL Amount	Dose Form	Day Supply		Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Adlyxin	Lixisenatide Soln Pen-injector 20 MCG/0.2ML (100 MCG/ML)	20 MCG/0.2 ML	2	Pens	28	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
Adlyxin starter pack	Lixisenatide Pen-inj Starter Kit 10 MCG/0.2ML & 20 MCG/0.2ML	10 & 20 MCG/0.2 ML	2	Pens	180	DAYS			
Bydureon bcise	Exenatide Extended Release Susp Auto- Injector 2 MG/0.85ML	2 MG/0.85 ML	4	Pens	28	DAYS			
Byetta	Exenatide Soln Pen- injector 10 MCG/0.04ML	10 MCG/0.0 4ML	1	Pen	30	DAYS			
Byetta	Exenatide Soln Pen- injector 5 MCG/0.02ML	5 MCG/0.0 2ML	1	Pen	30	DAYS			
Mounjaro	Tirzepatide Soln Pen- injector	2.5 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen- injector	5 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen- injector	7.5 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen- injector	10 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen- injector	12.5 MG/0.5 ML	4	Pens	28	DAYS			
Mounjaro	Tirzepatide Soln Pen- injector	15 MG/0.5 ML	4	Pens	28	DAYS			
Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	1	Pen	28	DAYS			
Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	1	Pen	28	DAYS			
Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	1	Pen	28	DAYS			
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			
Ozempic	Semaglutide Soln Pen-inj 1 MG/DOSE (2 MG/1.5ML)	2 MG/1.5 ML	2	Pens	28	DAYS			
Rybelsus	semaglutide tab	14 MG ; 3 MG ; 7 MG	30	Tablets	30	DAYS			
Rybelsus	Semaglutide Tab 3 MG	3 MG	30	Tablets	180	DAYS			
Trulicity	dulaglutide soln pen- injector	0.75 MG/0.5 ML; 1.5 MG/0.5 ML; 3 MG/0.5 ML; 4.5 MG/0.5 ML	4	Pens	28	DAYS			
Victoza	liraglutide soln pen- injector	18 MG/3ML	3	Pens	30	DAYS			
Victoza	Liraglutide Soln Pen- injector 18 MG/3ML (6 MG/ML)	18 MG/3ML	3	Pens	30	DAYS			

CLIENT SUMMARY - PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Adlyxin	lixisenatide soln pen-injector	20 MCG/0.2ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Adlyxin starter pack	lixisenatide pen-inj starter kit	10 & 20 MCG/0.2ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Bydureon bcise	exenatide extended release susp auto- injector	2 MG/0.85ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Byetta	exenatide soln pen-injector	10 MCG/0.04ML ; 5 MCG/0.02ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Mounjaro	tirzepatide soln pen-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; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Ozempic	semaglutide soln pen-inj	2 MG/1.5ML; 2 MG/3ML; 4 MG/3ML; 8 MG/3ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Rybelsus	semaglutide tab	14 MG; 3 MG; 7 MG	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Trulicity	dulaglutide soln pen-injector	0.75 MG/0.5ML; 1.5 MG/0.5ML; 3 MG/0.5ML; 4.5 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Victoza	liraglutide soln pen-injector	18 MG/3ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods

CLIENT SUMMARY - QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Adlyxin	Lixisenatide Soln Pen-injector 20 MCG/0.2ML (100 MCG/ML)	20 MCG/0.2ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Adlyxin starter pack	Lixisenatide Pen-inj Starter Kit 10 MCG/0.2ML & 20 MCG/0.2ML	10 & 20 MCG/0.2ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Bydureon bcise	Exenatide Extended Release Susp Auto- Injector 2 MG/0.85ML	2 MG/0.85ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Byetta	Exenatide Soln Pen-injector 10 MCG/0.04ML	10 MCG/0.04ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Byetta	Exenatide Soln Pen-injector 5 MCG/0.02ML	5 MCG/0.02ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Mounjaro	Tirzepatide Soln Pen-injector	15 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector	10 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector	12.5 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector	7.5 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector	5 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Mounjaro	Tirzepatide Soln Pen-injector	2.5 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	2 MG/3ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	8 MG/3ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Quarterly 2024 ; Performance ; Performance Annual ; Performance Select ; Whole Foods
Ozempic	Semaglutide Soln Pen-inj	4 MG/3ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Ozempic	Semaglutide Soln Pen-inj 0.25 or 0.5 MG/DOSE (2 MG/1.5ML)	2 MG/1.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Ozempic	Semaglutide Soln Pen-inj 1 MG/DOSE (2 MG/1.5ML)	2 MG/1.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Rybelsus	semaglutide tab	14 MG; 3 MG; 7 MG	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Rybelsus	Semaglutide Tab 3 MG	3 MG	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Trulicity	dulaglutide soln pen-injector	0.75 MG/0.5ML ; 1.5 MG/0.5ML ; 3 MG/0.5ML ; 4.5 MG/0.5ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods
Victoza	liraglutide soln pen-injector	18 MG/3ML	Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Victoza	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)		Balanced; Basic; Basic Annual; Enhanced; Enhanced Annual; HIM Annual 2024; HIM Quarterly 2023; HIM Quarterly 2024; Performance; Performance Annual; Performance Select; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

ıle			VICAL CRITERIA FOR Al Clinical Criteria for Appr	
	TARGET AG	ENT(S)	Cimical Citteria for App.	
	IARGEI AG	ENI(S)		
				−i
	Preferred A		Non-Preferred Agent(s)	
		(exenatide)		
		(semaglutide)	Adlyxin® (lixisenatide)	
		(semaglutide)	Byetta® (exenatide)	
	Trulicity®	(dulaglutide)		
			Victoza® (liraglutide)	
	Mounjaro™	' (tirzepatide)		
	Target Age	nt(s) will be ap	oproved when BOTH of the foll	owing are met:
	1. The	patient has a d	iagnosis of type 2 diabetes [ch	art notes are required] AND
	2. BOTI	I of the following		
	A.	ONE of the		
				y using a diabetic agent [i.e., agents
				caining insulin, agents containing DPP-4
				2 inhibitors, sulfonylureas, dopamine s (e.g., bromocriptine), d-phenylalanin
			vitives, meglitinide analogues,	
				iazolidinedione combinations] OR
				hypersensitivity to a diabetic agent [i.e
				nts containing insulin, agents containing
				g SGLT2 inhibitors, sulfonylureas,
				derivatives (e.g., bromocriptine), d-
			nylalanine dervitives, meglitin	de analogues, alpha-glucosidase
		inhi	nylalanine dervitives, meglitin bitors, thiazolidinediones, sulfo	de analogues, alpha-glucosidase
		inhi com	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfonbinations] OR	de analogues, alpha-glucosidase onylurea-thiazolidinedione
		inhi com 3. The	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfonbinations] OR e patient has an FDA labeled co	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents
		inhi com 3. The [i.e.	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfonbinations] OR e patient has an FDA labeled co ., agents containing metformin	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents , agents containing insulin, agents
		inhi com 3. The [i.e con	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfon binations] OR e patient has an FDA labeled co ., agents containing metformin taining DPP-4 inhibitors, agent	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents , agents containing insulin, agents s containing SGLT2 inhibitors,
		inhi com 3. The [i.e. con sulf	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfon binations] OR e patient has an FDA labeled co ., agents containing metformin taining DPP-4 inhibitors, agent conylureas, dopamine receptor	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents , agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g.,
		inhi com 3. The [i.e. con sulf broi gluc	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfonbinations] OR e patient has an FDA labeled co ., agents containing metformin taining DPP-4 inhibitors, agent fonylureas, dopamine receptor mocriptine), d-phenylalanine docosidase inhibitors, thiazolidine	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g.,
		inhi com 3. The [i.e. con sulf broi gluc com	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfonbinations] OR e patient has an FDA labeled co., agents containing metformin taining DPP-4 inhibitors, agent fonylureas, dopamine receptor mocriptine), d-phenylalanine docosidase inhibitors, thiazolidine abinations] OR	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione
		inhi com 3. The [i.e. con sulf broi glud com 4. The	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfonbinations] OR e patient has an FDA labeled co., agents containing metformin taining DPP-4 inhibitors, agent fonylureas, dopamine receptor mocriptine), d-phenylalanine docosidase inhibitors, thiazolidine abinations] OR e patient has a diagnosis of typ	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione
		inhi com 3. The [i.e. con sulf broi glud com 4. The athe	enylalanine dervitives, meglitin bitors, thiazolidinediones, sulfonbinations] OR e patient has an FDA labeled co., agents containing metformin taining DPP-4 inhibitors, agent fonylureas, dopamine receptor mocriptine), d-phenylalanine do cosidase inhibitors, thiazolidine abinations] OR e patient has a diagnosis of type erosclerotic cardiovascular disc	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione
		inhi com 3. The [i.e. con sulf broi glud com 4. The athe kidr	enylalanine dervitives, megliting bitors, thiazolidinediones, sulforbinations] OR expatient has an FDA labeled containing metforming agents containing metforming by the properties on the properties of the pro	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione
	В	inhi com 3. The [i.e. con sulf broi glud com 4. The athe kidr . ONE of the	enylalanine dervitives, megliting bitors, thiazolidinediones, sulforbinations] OR expatient has an FDA labeled containing metforming agents containing metforming taining DPP-4 inhibitors, agent fonylureas, dopamine receptor mocriptine), d-phenylalanine docosidase inhibitors, thiazolidine abinations] OR expatient has a diagnosis of type erosclerotic cardiovascular disented the patient has a diagnosis of type erosclerotic cardiovascular disented following:	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione e 2 diabetes with or at high risk for ease, heart failure, and/or chronic
	В	inhi com 3. The [i.e. con sulf broi gluc com 4. The athe kidr . ONE of the	enylalanine dervitives, megliting bitors, thiazolidinediones, sulforbinations] OR expatient has an FDA labeled color, agents containing metforming taining DPP-4 inhibitors, agent fonylureas, dopamine receptor mocriptine), d-phenylalanine docosidase inhibitors, thiazolidine abinations] OR expatient has a diagnosis of type erosclerotic cardiovascular disently disease AND expected agent is a preferred	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione e 2 diabetes with or at high risk for ase, heart failure, and/or chronic
	В	inhi com 3. The [i.e. con sulf broi glud com 4. The athe kidr . ONE of the 2. The	enylalanine dervitives, meglitine bitors, thiazolidinediones, sulfonbinations] OR e patient has an FDA labeled comparison on the patient has an FDA labeled comparison on the patient has an FDA labeled comparison on the patient has a diagnosis of type erosclerotic cardiovascular disented by the patient has a diagnosis of type erosclerotic cardiovascular disented by the patient has a diagnosis of type erosclerotic cardiovascular disented disease AND e following: e requested agent is a preferred agent is a non-preferred GLP-	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione e 2 diabetes with or at high risk for ease, heart failure, and/or chronic
	В	inhi com 3. The [i.e. con sulf broi glud com 4. The athe kidr . ONE of the 2. The	enylalanine dervitives, meglitinalistors, thiazolidinediones, sulfonbinations] OR expatient has an FDA labeled color, agents containing metforminationing DPP-4 inhibitors, agent fonylureas, dopamine receptor mocriptine), d-phenylalanine docosidase inhibitors, thiazolidine abinations] OR expatient has a diagnosis of typerosclerotic cardiovascular disease AND expenses following: expatient is a preferred agent is a preferred agent is a non-preferred GLP-powing:	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione e 2 diabetes with or at high risk for ase, heart failure, and/or chronic
	В	inhi com 3. The [i.e. con sulf broi glud com 4. The athe kidr . ONE of the 2. The	enylalanine dervitives, meglitine bitors, thiazolidinediones, sulforbinations] OR expatient has an FDA labeled complete and partial	de analogues, alpha-glucosidase onylurea-thiazolidinedione ntraindication to ALL diabetic agents, agents containing insulin, agents s containing SGLT2 inhibitors, agonists-ergot derivatives (e.g., ervitives, meglitinide analogues, alphadiones, sulfonylurea-thiazolidinedione e 2 diabetes with or at high risk for ease, heart failure, and/or chronic

currently stable on the requested agent **OR**

2. The patient has tried and had an inaded semaqlutide (Ozempic OR Rybelsus) OF 3. Semaqlutide (Ozempic OR Rybelsus) was due to lack of efficacy or effectiveness,	
3. Semaqlutide (Ozempic OR Rybelsus) wa	R
due to lack at etticacy or ettactiveness	
effect, or an adverse event OR	aiminisned
effect, or an adverse event OR 4. The patient has an intolerance or hyper	rsensitivity to
semaglutide (Ozempic OR Rybelsus) OF	
5. The patient has an FDA labeled contrain	
semaqlutide (Ozempic OR Rybelsus) AN	
6. Semaqlutide (Ozempic OR Rybelsus) is	•
ineffective based on the known clinical	
the patient and the known characteristi	
prescription drug; OR cause a significar patient's adherence of care; OR worsen	
condition; OR decrease the patient's ab	
maintain reasonable functional ability in	
activities; OR cause an adverse reaction	
physical or mental harm OR	
7. Semaqlutide (Ozempic OR Rybelsus) is	
interest of the patient based on medica	
8. The patient has tried another prescription	
same pharmacologic class or with the some same same same pharmacologic class or with the some same same same same same same same sa	
that prescription drug was discontinued	
efficacy or effectiveness, diminished eff	
adverse event OR	
9. The requested agent is medically neces	sary and
appropriate for the patient OR	
B. ONE of the following:	antly bains
1. The prescriber states the patient is curr treated with the requested agent AND t	
currently stable on the requested agent	
2. The patient has tried and had an inaded	
dulaglutide (Trulicity) OR	
3. Dulaglutide (Trulicity) was discontinued	
efficacy or effectiveness, diminished eff	ect, or an
adverse event OR	annoitivity to
4. The patient has an intolerance or hyper dulaglutide (Trulicity) OR	sensitivity to
5. The patient has an FDA labeled contrain	ndication to
dulaglutide (Trulicity) OR	
6. Dulaglutide (Trulicity) is expected to be	
on the known clinical characteristics of	
the known characteristics of the prescri	
cause a significant barrier to the patien	
care; OR worsen a comorbid condition; patient's ability to achieve or maintain i	
functional ability in performing daily act	
an adverse reaction or cause physical o	
OR	
7. Dulaglutide (Trulicity) is not in the best	interest of the
patient based on medical necessity OR	
8. The patient has tried another prescription	
same pharmacologic class or with the s	
of action as dulaglutide (Trulicity) and t drug was discontinued due to lack of ef	
effectiveness, diminished effect, or an a	
9. The requested agent is medically neces	
appropriate for the patient OR	,
C. ONE of the following:	

Module	Clinical Criteria for Approval
	1. The prescriber states the patient is currently being treated with the requested agent AND the patient is currently stable on the requested agent OR
	2. The patient has tried and had an inadequate response to tirzepatide (Mounjaro) OR
	3. Tirzepatide (Mounjaro) was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR
	4. The patient has an intolerance or hypersensitivity to tirzepatide (Mounjaro) OR
	5. The patient has an FDA labeled contraindication to tirzepatide (Mounjaro) OR
	6. 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 7. Tirzepatide (Mounjaro) is not in the best interest of the patient based on medical necessity OR 8. 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 9. The requested agent is medically necessary and appropriate for the patient
	Length of approval: 12 months
	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)
	NOTE: If Quantity Limit program also applies, please refer to Quantity Limit criteria.

CHANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

QUANTI	IY LIMIT CLINICAL CRITERIA FOR APPROVAL
Module	Clinical Criteria for Approval
	Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:
	 The requested quantity (dose) does NOT exceed the program quantity limit OR BOTH of the following: The patient has a diagnosis of type 2 diabetes mellitus AND The requested quantity (dose) is greater than the program quantity limit AND ONE of the following:
	dose for the requested indication OR 2. BOTH of the following:
	A. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND B. Information has been provided to support 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
	3. BOTH of the following:

Module	Clinical Criteria for Approval
	 A. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication AND B. Information has been provided to support therapy with a higher dose for the requested indication
	Length of Approval: up to 12 months