

Prior Authorization Criteria Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist Glucose-Dependent Insulinotropic Polypeptide (GIP) Receptor And Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist

Brand Name	Generic Name
Bydureon BCise	exenatide extended-release
Byetta	exenatide
Ozempic	semaglutide
Rybelsus	semaglutide
Trulicity	dulaglutide
Victoza	liraglutide

Antidiabetic GLP-1 GIP-GLP-1 Agonist PA with Logic State of Oklahoma C28922-D 12-2024 Policy.docx

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Glucose-Dependent Insulinotropic Polypeptide (GIP) Receptor and Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist

Brand Name	Generic Name
Mounjaro	tirzepatide

Indications

FDA-approved Indications

GLP-1 Receptor Agonist

Bydureon BCise

Bydureon BCise is indicated as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus.

Limitations of Use

- Bydureon BCise contains exenatide. Coadministration with other exenatide-containing products is not recommended.

Byetta

Byetta is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Byetta contains exenatide. Coadministration with other exenatide-containing products is not recommended.

Ozempic

Ozempic is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.
- to reduce the risk of sustained eGFR decline, end-stage kidney disease, and cardiovascular death in adults with type 2 diabetes mellitus and chronic kidney disease.

Reference number(s)
5694-D

Rybelsus

Rybelsus is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

Rybelsus is not indicated for use in patients with type 1 diabetes mellitus.

Trulicity

Trulicity is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients 10 years of age and older with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus who have established cardiovascular disease or multiple cardiovascular risk factors.

Victoza

Victoza is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use

- Victoza contains liraglutide. Coadministration with other liraglutide-containing products is not recommended.

GIP/GLP-1 Receptor Agonist

Mounjaro

Mounjaro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Screen out Logic

Include Rx and OTC products unless otherwise stated.

If a claim is submitted with an ICD 10 diagnosis code indicating type 2 diabetes mellitus under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.

For patients with no ICD 10 diagnosis code indicating type 2 diabetes mellitus submitted with their prescription claim:

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If the patient has filled a prescription for at least a 30-day supply of a diabetic supply (EXCLUDING insulin pen needles and insulin syringes) OR another antidiabetic drug (EXCLUDING all target drugs) within the past 730 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial screen out logic, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Coverage Criteria

Type 2 Diabetes Mellitus

Authorization may be granted when the patient has a diagnosis of type 2 diabetes mellitus when ONE of the following criteria are met:

- The patient has a history of an A1C greater than or equal to 6.5 percent. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT). [ACTION REQUIRED: Documentation is required for approval.]
- The patient has a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL [ACTION REQUIRED: Documentation is required for approval.] when the following criteria is met:
 - The patient fasted for at least 8 hours prior to the fasting plasma glucose (FPG) greater than or equal to 126 mg/dL.

Duration of Approval (DOA)

- 5694-D: DOA: 36 months

References

1. Bydureon BCise [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2025.
2. Byetta [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2025.
3. Mounjaro [package insert]. Indianapolis, IN: Eli Lilly and Company; May 2025.

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4. Ozempic [package insert]. Plainsboro, NJ: Novo-Nordisk Inc.; January 2025.
5. Rybelsus [package insert]. Plainsboro, NJ: Novo-Nordisk Inc.; December 2024.
6. Trulicity [package insert]. Indianapolis, IN: Eli Lilly and Company; May 2025.
7. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; May 2025.
8. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed April 8, 2025.
9. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/08/2025).
10. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. *Endocr Pract.* 2022;28(10):923-1049.
11. Davies MJ, Aroda VR, Collins BS, et. al. Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care.* 2022;45(11):2753-2786.
12. American Diabetes Association Professional Practice Committee. American Diabetes Association, Standards of Care in Diabetes – 2025. *Diabetes Care.* 2025;48(Suppl. 1):S1-S352.
13. Samson SL, Vellank P, Blonde L, et. Al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm 2023 Update. *Endocr Pract.* 2023; 29: 305-340.