

Glucagon-like Peptide-1 (GLP-1) agonist
Mounjaro (tirzepatide)
Ozempic (semaglutide)
Rybelsus (semaglutide)
Trulicity (dulaglutide)
Victoza (liraglutide)
Effective 01/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Coverage Guidelines

Trulicity, Ozempic, Victoza, Rybelsus, Mounjaro

Authorization may be granted for members meeting the following criteria for diagnosis-specific indications and attestation is provided:

1. A diagnosis of Type 2 Diabetes mellitus*

Note: Members with a claim history of any medication (excluding insulin) for the treatment of Type 2 Diabetes mellitus will bypass PA

Continuation of Therapy

Reauthorizations requires physician attestation of continuation of therapy and positive response to therapy for the treatment of Type 2 Diabetes mellitus

Limitations

1. Approvals will be granted for 24 months.
2. The following quantity limits apply:

Trulicity	4 pens per 28 days
Ozempic	2 pens per 28 days
Mounjaro	4 pens per 28 days
Victoza	3 pens per 28 days
Rybelsus	30 tablets per 30 days

References

1. Ozempic (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; December 2017.
2. Victoza (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; January 2018
3. Trulicity (dulaglutide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; July 2018
4. Marso SP, Daniels GH, Brown-Frandsen K, et al. Liraglutide and Cardiovascular Outcomes in Type 2 Diabetes. *N Engl J Med* 2016; 375:311
5. Vilsbøll T, Bain SC, Leiter LA, et al. Semaglutide, reduction in glycated haemoglobin and the risk of diabetic retinopathy. *Diabetes Obes Metab* 2018; 20:889
6. Pratley RE, Aroda VR, Lingvay I, et al. Semaglutide versus dulaglutide once weekly in patients with type 2 diabetes (SUSTAIN 7): a randomised, open-label, phase 3b trial. *Lancet Diabetes Endocrinol* 2018; 6:275
7. Rodbard HW, et al. Statement by an American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus: An Algorithm for Glycemic Control. *Endocrine Practice*. 2009;15(6):541-549. www.aace.com/pub/pdf/GlycemicControlAlgorithm.pdf
8. Nathan DM, Buse JB, Davidson MB, Ferrannini E, Holman RR, Sherwin R, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009 Jan;32(1):193-203.
9. Qaseem A, Humphrey LL, Sweet DE, Starkey M, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Oral pharmacologic treatment of type 2 diabetes mellitus: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2012;156(3):218-31.
10. Tuttle KR, Lakshmanan MC, Rayner B, et al. Dulaglutide versus insulin glargine in patients with type 2 diabetes and moderate-to-severe chronic kidney disease (AWARD-7): a multicentre, open-label, randomised trial. *Lancet Diabetes Endocrinol* 2018; 6:605
11. American Diabetes Association. Standards of medical care in diabetes – 2015. *Diabetes Care*.2016(Jan);38(suppl 1):S1-S112
12. Handelsman et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for developing a diabetes mellitus comprehensive care plan. *Endocr Pract*. 2011 Mar-Apr;17 Suppl 2:1-53.
13. Retnakaran R, Kramer CK, Choi H, Swaminathan B, Zinman B. Liraglutide and the preservation of pancreatic B-cell function in early type 2 diabetes: The Libra Trial. *Diabetes Care*. 2014;37:3270-78.
14. Yu OHY, Filion KB, Azoulay L, Patenaude V, Majdan A, Suissa S. Incretin-based drugs and the risk of congestive heart failure. *Diabetes Care*. 2015;38:277-84.
15. Inzucchi SE, Bergenstal RM, Buse JB, Diamant M, Ferrannini E, Nauck M, et al. Management of hyperglycemia in type 2 diabetes, 2015: A patient-centered approach. *Diabetes Care*. 2015;38:140-9.
16. Mounjaro (tirzepatide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; May 2022.



Review History

06/22/2022 – Created and Reviewed for June P&T. Effective 10/1/2022

09/21/2022 – Reviewed and Updated for Sept P&T; Added new drug Mounjaro to criteria and to limitations.
Effective 1/1/2023

06/26/2017 – Reviewed

03/18/2020 - Reviewed.

