

Glucagon-like Peptide-1 (GLP-1) Agonist for Diabetes
Liraglutide
Mounjaro (tirzepatide)
Ozempic (semaglutide)
Rybelsus (semaglutide)
Trulicity (dulaglutide)
Effective 05/01/2025

Plan	☐ MassHealth UPPL ⊠Commercial/Exchange	Program Type	<ul><li>☑ Prior Authorization</li><li>☐ Quantity Limit</li></ul>	
Benefit	<ul><li>☑ Pharmacy Benefit</li><li>☐ Medical Benefit</li></ul>	, ,	☐ Step Therapy	
Specialty Limitations	N/A			
Contact Information	Medical and Specialty Medications			
	All Plans Pl	none: 877-519-1908	Fax: 855-540-3693	
	Non-Specialty Medications			
	All Plans Pl	none: 800-711-4555	Fax: 844-403-1029	
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, Liraglutide, Rybelsus, Mounjaro

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

### OR

Authorization may be granted when the following criteria are met:

1. A diagnosis of type 2 diabetes mellitus\*

\*Note: Members with a claim history of any medication (excluding insulin and the same GLP1) for the treatment of Type 2 Diabetes mellitus will bypass PA\*

### **Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Prescriber 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. Coverage for use of GLP-1 agonists indicated for the treatment of type 2 diabetes in combination with GLP-1 agonists indicated for the treatment of weight loss will not be authorized.
- 3. Members are restricted from filling more than one GLP-1 or more than one GLP-1 strength at the same time.
- 4. The following quantity limits apply:

Drug Name	Quantity Limit	
Trulicity	4 pens per 28 days	
Ozempic	2 pens per 28 days	
Mounjaro	4 pens per 28 days	
Liraglutide	3 pens per 28 days	
Rybelsus	30 tablets per 30 days	

#### References

- 1. American Diabetes Association. Standards of medical care in diabetes 2025. *Diabetes Care*. 2025;47(S1):S1-S352.
- 2. 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.
- 3. Inzucchi SE, BergenstalRM, 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.
- 4. Liraglutide [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals; January 2024. Ozempic (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; September 2023.
- 5. Marso SP, Daniels GH, Brown-Frandsen K, et al. Liraglutide and Cardiovascular Outcomes in Type 2 Diabetes. N Engl J Med 2016; 375:311
- 6. Mounjaro (tirzepatide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; April 2023Pratley 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. 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.
- 8. 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.
- 9. Rybelsus (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk; January 2024.
- 10. Trulicity (dulaglutide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; December 2022.
- 11. 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
- 12. Victoza (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; July 2023.
- 13. 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
- 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.

# **Review History**

06/26/2017 - Reviewed



03/18/2020 - Reviewed.

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

06/12/2024 – Reviewed and updated for June P&T; Clarify that the same GLP1 does not bypass PA but claims history of other GLP1 agents will bypass PA

09/11/2024 – Reviewed and updated for September P&T. Added liraglutide to the policy. Effective 11/1/2024. 02/08/2025 – Reviewed and updated for February P&T. Removed Victoza from the policy due to availability of reference generic. Administrative update – added statement to the "Limitations" section to indicate that members are not able to fill multiple GLP1s or multiple GLP1 strengths at the same time. Additionally use of a GLP1 approved for weight loss in combination with a GLP1 used for the treatment of type 2 diabetes will not be authorized. Effective 05/01/2025.

