

Glucagon-like Peptide-1 (GLP-1) Agonist for Diabetes
Liraglutide
Mounjaro (tirzepatide)
Ozempic (semaglutide)
Rybelsus (semaglutide)
Trulicity (dulaglutide)
Effective 07/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 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*
2. Member will not use requested medication in combination with a GLP-1 indicated for the treatment of weight loss (e.g., Saxenda, Wegovy, Zepbound)

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
2. Member will not use requested medication in combination with a GLP-1 indicated for the treatment of weight loss (e.g., Saxenda, Wegovy, Zepbound)

Limitations

1. Approvals will be granted for 24 months.
2. Members are restricted from filling more than one GLP-1 or more than one GLP-1 strength at the same time.
3. 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, 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.
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 2023
7. 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
8. 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.
9. 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.
10. Rybelsus (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk; January 2024.
11. Trulicity (dulaglutide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; December 2022.
12. 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
13. Victoza (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; July 2023.



14. 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
15. 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.

05/14/2025 – Reviewed and updated at May P&T. Administrative update – moved restriction in Limitations section requiring members not use requested medication in combination with a GLP-1 indicated for weight loss to the criteria section. Effective 07/01/2025.

