Mass General Brigham
Health Plan

Glucagon-like Peptide-1 (GLP-1) Agonists for Type 2 Diabetes: Liraglutide (generic Victoza) Mounjaro (tirzepatide) Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide) Effective 09/01/2026

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Prescriptions that meet the initial medical claim lookback requirements will adjudicate automatically at the point of sale. If the prescription does not meet the medical claim lookback 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 medical claim lookback requirements at the point of sale.

Coverage Guidelines
Trulicity, Ozempic, Liraglutide (generic Victoza), Rybelsus, Mounjaro
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

1. One of the following:
    a. Member requires ongoing drug treatment for type 2 diabetes mellitus and medical records confirming diagnosis have been submitted*
    b. Submission of medical records (e.g., chart notes) documenting diagnosis of type 2 diabetes, as defined by one of the following labs*:
        i. A1C ≥ 6.5%
        ii. Fasting plasma glucose (FPG) ≥ 126mg/dL
        iii. 2-hour plasma glucose (2-h PG) ≥ 200 mg/dL during oral glucose tolerance test (OGTT)
        iv. Random plasma glucose (PG) ≥ 200 mg/dL

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

   *Medical claim for type 2 diabetes will bypass PA

Continuation of Therapy

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

1. Submission of medical records (e.g., chart notes) documenting diagnosis of type 2 diabetes mellitus
2. Submission of medical records (e.g., chart notes) documenting member has had a positive clinical response to therapy
3. Member will not use requested medication in combination with a GLP-1 indicated for the treatment of weight loss (e.g., Foundayo, Saxenda, Wegovy, Zepbound)

Limitations

1. Initial approvals and reauthorizations 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. GLP-1s indicated for the treatment of type 2 diabetes will not be approved for non-FDA-approved indications (e.g., weight management, prediabetes, type 1 diabetes).
4. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Trulicity injection	4 pens per 28 days
Ozempic injection	1 pen per 28 days
Ozempic tablet	1 tablet per day
Mounjaro injection	4 pens per 28 days
Liraglutide (generic Victoza) injection	3 pens per 30 days
Rybelsus tablet	1 tablet per day

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. Liraglutide [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals; January 2024.
4. Mounjaro (tirzepatide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; April 2026.
5. Ozempic (semaglutide) injection [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; May 2026.
6. Ozempic (semaglutide) tablet [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; January 2026.
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. Rybelsus (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk; January 2026.
9. Trulicity (dulaglutide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; December 2022.

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. Victoza (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; July 2023.
12. 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
13. 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.
08/13/2025 – Reviewed and updated at August P&T. Updated Limitations section to specify that GLP-1s indicated for type 2 diabetes will not be approved for non-FDA approved indications (e.g., weight management, prediabetes, type 1 diabetes). Effective 01/01/2026.
10/08/2025 – Reviewed and updated at October P&T. Updated policy to remove line that GLP1 will bypass PA if claims history for other diabetes medications and replaced it with line stating that medical claims for type 2 diabetes will bypass PA. Updated initial and reauthorization criteria to require documentation of diagnosis. Effective 01/01/2026.
02/11/2026 – Reviewed and updated at February P&T. Administrative update – updated language for members who are new to the Plan and updated "documentation" to "submission of medical records (e.g., chart notes)". Effective 02/15/2026.
06/10/2026 – Reviewed and updated at June P&T. Administrative update – added Foundayo as an example of a GLP-1 indicated for the treatment of weight loss. Added Ozempic tablet to the quantity limit section. Effective 09/01/2026.