

Applicable Drugs: liraglutide, Mounjaro (tirzepatide), Ozempic (semaglutide), Rybelsus (semaglutide), Trulicity (dulaglutide), Victoza (liraglutide)

Date of Origin: 8/29/2022

Date Last Reviewed / Revised: 7/22/2026

PRIOR AUTHORIZATION CRITERIA

May be considered medically necessary when certain criteria are met. Criteria differs between formularies; refer to Other Criteria within this policy for specific requirements.

- I. These prior authorization criteria apply only when an electronic edit cannot verify a type 2 diabetes diagnosis, and for all non-preferred products:
 - A. Medical record documentation of diagnosis of type 2 diabetes mellitus and meets 1 or 2:
 1. Unequivocal hyperglycemia confirmed by one or more of the following:
 - a) Hemoglobin A1C (HbA1c) greater than or equal to 6.5% at baseline.
 - b) Fasting plasma glucose (FPG) greater than or equal to 126 mg/dL. *Fasting is defined as no caloric intake for at least 8 hours.*
 - c) Two-hour plasma glucose (2hPG) greater than or equal to 200mg/dL measured during an oral glucose tolerance test (OGTT). *The test should follow WHO guidelines, using a glucose load equivalent to 75 g of anhydrous glucose.*
 - d) Classic symptoms of hyperglycemia or hyperglycemic crisis with a random plasma glucose greater than or equal to 200 mg/dL. *Random glucose may be measured at any time, regardless of the interval since last meal.*
 - e) In the absence of unequivocal hyperglycemia (eg, hyperglycemic crisis), diagnosis requires two abnormal test results, which may be obtained simultaneously (eg, A1C and FPG taken on the same date) or at two separate time points.
 2. For patients with type 2 diabetes diagnosed more than two years ago who are currently receiving ongoing treatment, chart notes must confirm the diagnosis and include assessment(s) completed within the past year.
- II. Patient meets one of the following criteria A or B:
 - A. Patient is antidiabetic treatment-naïve with an elevated HbA1c (drawn within past 3 months), and the incretin mimetic will be initiated alongside metformin.
 - B. Patient is using an optimized dose of metformin (or metformin combination product), or has a contraindication to metformin, and meets one of the following criteria (1–4) below:
 1. Documented uncontrolled hyperglycemia defined as HbA1c greater than or equal to 6.5% despite adherence to metformin. *Trial duration must be for at least 60 days in the last 180 days, or there must be documentation of intolerance to maximally tolerated dose of metformin.*
 2. Documented established cardiovascular disease and request is for liraglutide, Ozempic injection, or Trulicity.

3. Documented established chronic kidney disease (CKD) and request is for Ozempic injection.
 4. Age 55 years or older with at least two documented cardiovascular risk factors (such as obesity, hypertension, smoking, dyslipidemia, or albuminuria) and the request is for Ozempic tablets, Rybelsus, or Trulicity.
- III. Patient meets the minimum age requirement for the requested medication:
- A. Ozempic, Rybelsus: 18 years and older
 - B. Liraglutide, Mounjaro, Trulicity: 10 years and older
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to plan document for the list of preferred products. If the requested agent is not listed as a preferred product, there must be documented treatment failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2.
- Concurrent use of incretin mimetic with DPP-4 inhibitor.
- Concurrent use of more than one incretin mimetic agent.

OTHER CRITERIA

- Ventegra **Premium** formulary
 - Criteria I through V must be met.
- Ventegra **Premium Plus** formulary
 - Requests for preferred agents must meet criteria I, III, IV, and V.
 - Requests for non-preferred agents must meet criteria I through V.
- For plans that require prior authorization for **all** incretin mimetics, criteria I through V must be met, regardless of formulary base.

QUANTITY / DAYS' SUPPLY RESTRICTIONS

- Liraglutide: three pens per 30 days.
- Mounjaro (tirzepatide): four pens per 28 days.
- Ozempic (semaglutide): one multi-dose pen per 28 days, or thirty tablets per 30 days.
- Rybelsus (semaglutide tablets): thirty tablets per 30 days.
- Trulicity (dulaglutide): four pens per 28 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing improvement or maintenance with medication.

REFERENCES

1. Mounjaro. Prescribing information. Eli Lilly; 2026. Accessed July 22, 2026. <https://uspl.lilly.com/mounjaro/mounjaro.html#mg>
2. Ozempic. Prescribing information. Novo Nordisk; 2025. Accessed July 22, 2026. <https://www.ozempic.com/prescribing-information.html>
3. Ozempic / Rybelsus tablets. Prescribing information. Novo Nordisk; 2026. Accessed July 22, 2026. <https://www.rybelsus.com/prescribing-information.html>
4. Trulicity. Prescribing information. Eli Lilly; 2025. Accessed July 22, 2026. <https://pi.lilly.com/us/trulicity-uspi.pdf>
5. Victoza Prescribing information. Novo Nordisk; 2025. Accessed July 22, 2026. www.novo-pi.com/victoza.pdf
6. American Diabetes Association Professional Practice Committee for Diabetes. 9. Pharmacologic approaches to glycemic treatment: Standards of Care in Diabetes—2026. *Diabetes Care* 2026;49(Suppl. 1):S183–S215
7. American Diabetes Association Professional Practice Committee for Diabetes. 11. Chronic kidney disease and risk management: Standards of Care in Diabetes—2026. *Diabetes Care* 2026;49(Suppl. 1):S246–S260

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.