



GLP-1 Diabetes Prior Authorization

Drug(s) Applied:	Mounjaro (tirzepatide), Ozempic (semaglutide), Rybelsus (semaglutide), Trulicity (dulaglutide), liraglutide
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Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. Type 2 Diabetes Mellitus (T2DM) as indicated by any one form of documentation (defined as ICD-10 code, medical records, chart notes, A1C, or other lab confirming T2DM diagnosis)

1. Patient has had an inadequate response or intolerance to an agent containing metformin **or**
2. Patient has an FDA labeled contraindication to metformin

Approval Duration: 12 months

II. Continued Therapy Criteria

A. Type 2 Diabetes Mellitus within past 12 months

Approval Duration: 12 months

Policy Owned by: Curative PBM team

