

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

GLP-1 Receptor Agonist

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 Year

***Louisiana Medicaid – See State Specific Mandates**

Medications	Quantity Limit	Comments
Ozempic (semaglutide)	0.25 mg/dose, 0.5 mg/dose: 1 prefilled pen per 28 days 1 mg/dose: 2 prefilled pens (1 carton) per 28 days	Preferred
Victoza (liraglutide)	1 box per 30 days	
Adlyxin (lixisenatide)	Starter Pack: 1 pack (2 pens) per one time fill (28 day supply) Maintenance Pack: 1 pack (2 pens) per 28 days	Non Preferred
Bydureon (exenatide extended release) Bydureon BCise (exenatide extended release)	4 vials/prefilled pens per 28 days 4 autoinjector pens per 28 days	
Byetta (exenatide)	1 prefilled pen per 30 days	
Tanzeum (albiglutide)	4 prefilled pens per 28 days	
Trulicity (dulaglutide)	4 prefilled pens/syringes per 28 days	

APPROVAL CRITERIA

Requests for Ozempic or Victoza may be approved when the following criteria are met:

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to metformin; **OR**
- II. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m²)].

Requests for a non-preferred GLP-1 receptor agonist (Adlyxin, Bydureon, Bydureon BCise, Byetta, Tanzeum or Trulicity) may be approved when the following criteria are met:

- I. One of the following:
 - A. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to metformin; **OR**
 - B. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m²)];

AND

- II. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred GLP-1 receptor agonist (Ozempic or Victoza).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Louisiana	7/1/2017	Victoza on Common PDL and does not require prior authorization.

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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