

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS
BRAND NAME
(generic)

GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONIST:

ADLYXIN
(lixisenatide)

BYDUREON BCISE
(exenatide extended-release)

BYETTA
(exenatide)

OZEMPIC
(semaglutide)

RYBELSUS
(semaglutide)

TRULICITY
(dulaglutide)

VICTOZA
(liraglutide)

**GLUCOSE-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP)
RECEPTOR AND GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR
AGONIST:**

MOUNJARO
(tirzepatide)

Status: Client Requested Criteria

Type: Initial Prior Authorization with Logic

Ref # C26431-D

CRITERIA FOR APPROVAL

1	Does the patient have a diagnosis of type 2 diabetes mellitus? [If Yes, go to 2. If No, then no further questions.]	Yes No
---	--	-------------

Exhibit A-2: Selected Utilization Management Criteria

2	Does the patient have a history of an A1C greater than or equal to 6.5 percent? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of an A1C greater than or equal to 6.5 percent.] [If Yes, go to 3. If No, go to 4.]	Yes	No
	Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 3.		
3	Have chart notes or other documentation supporting a history of an A1C greater than or equal to 6.5 percent been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i> [No further questions]	Yes	No
	Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of an A1C greater than or equal to 6.5 percent. If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.		
4	Does the patient have a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT)? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT).] [If Yes, go to 5. If No, go to 6.]	Yes	No
	Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 5.		
5	Have chart notes or other documentation supporting a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT) been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i> [No further questions]	Yes	No
	Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT). If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.		
6	Does the patient have a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL.] [If Yes, go to 7. If No, go to 8.]	Yes	No
	Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 7.		
7	Have chart notes or other documentation supporting a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i>	Yes	No

Exhibit A-2: Selected Utilization Management Criteria

[No further questions]

Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL. If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.

- | | | | |
|---|---|-----|----|
| 8 | Does the patient have a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL? [NOTE: The prescriber MUST submit chart notes or other documentation supporting a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL.] [If Yes, go to 9. If No, then no further questions.] | Yes | No |
|---|---|-----|----|

Tech Note: Leave response as answered by prescriber. Verification of chart note will be addressed in question 10.

- | | | | |
|---|---|-----|----|
| 9 | Did the patient fast for at least 8 hours prior to the fasting plasma glucose (FPG) greater than or equal to 126 mg/dL? [If Yes, go to 10. If No, then no further questions.] | Yes | No |
|---|---|-----|----|

- | | | | |
|----|--|-----|----|
| 10 | Have chart notes or other documentation supporting a history of fasting plasma glucose (FPG) greater than or equal to 126 mg/dL been submitted to CVS Health? <i>ACTION REQUIRED: Submit supporting documentation</i> [No further questions] | Yes | No |
|----|--|-----|----|

Tech Note: MUST obtain a physical copy of chart notes or other documentation supporting a history of fasting plasma glucose (FPG) greater than or equal to 126 mg/dL. If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes or other documentation. If a physical copy of documentation is not received, then the PA should be denied.

REFERENCES

1. NCSHP Prior Authorization Approval Policy.

Antidiabetic GLP-1, GIP-GLP-1 Agonist PA with Logic NCSHP C26431-D 10-2023.docx

©2023 CVS Health and/or its affiliates. All rights reserved. 106-58428A 021423

Exhibit A-2: Selected Utilization Management Criteria

Written by: UM Development (KMB)
Date Written: 10/2023
Revised:
Reviewed: Medical Affairs: (APN) 10/2023

The Participating Group signed below hereby accepts and adopts as its own the criteria for use with Prior Authorization, as administered by CVS Caremark.

Signature

Date

Client Name