

New Hampshire Medicaid Fee-for-Service Program GLP-1 Receptor Agonist Criteria

Approval Date: January 22, 2024

Medications

Brand Name	Generic Name	Indication
Trulicity®	dulaglutide	 Adjunct to diet and exercise to improve glycemic control in adults and pediatric patients ≥ 10 years of age with T2DM Reduce the risk of major adverse cardiovascular events (MACE) in adults with T2DM who have established CVD or multiple cardiovascular risk factors
Byetta®	exenatide	 Adjunct to diet and exercise to improve glycemic control in adults with T2DM who are taking metformin, a sulfonylurea (SU), thiazolidinedione (TZD), or a combination of metformin and an SU or TZD but have not achieved adequate glycemic control Add-on therapy to insulin glargine, with or without metformin and/or a TZD, in conjunction with diet and exercise for adults with T2DM who are not achieving adequate glycemic control on insulin glargine alone
Bydureon BCise®	exenatide ER	Adjunct to diet and exercise to improve glycemic control in adults and pediatric patients ≥ 10 years of age with T2DM
Victoza®	liraglutide	 Adjunct to diet and exercise to improve glycemic control in adult and pediatric patients ≥ 10 years of age with T2DM Reduce the risk of MACE in adults with T2DM and established CVD
Xultophy®	liraglutide/insulin degludec	Adjunct to diet and exercise to improve glycemic control in adults with T2DM
Soliqua®	lixisenatide/insulin glargine	Adjunct to diet and exercise to improve glycemic control in adults with T2DM
Ozempic®	semaglutide	 Adjunct to diet and exercise to improve glycemic control in adults with T2DM To reduce the risk of MACE (cardiovascular death, nonfatal myocardial infarction, non-fatal stroke) in adults with T2DM and established CVD
Rybelsus®	semaglutide	Adjunct to diet and exercise to improve glycemic control in adults with T2DM
Mounjaro™	tirzepatide	Adjunct to diet and exercise to improve glycemic control in adults with T2DM

Criteria for Approval

- 1. Patient has a diagnosis of a type 2 diabetes mellitus; AND
- 2. Patient age is supported by FDA-approved indication; AND
- 3. Medication requested will be used as an adjunct to diet and exercise; AND
- 4. Patient has had a trial of an oral antihyperglycemic.

Criteria for Denial

Criteria for approval are not met.

Length of Approval: One year

Non-preferred drugs on the Preferred Drug List (PDL) require additional prior authorization.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	12/08/2023
Commissioner Designee	Approval	01/22/2024