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

**Approval Date: May 12, 2026**

## 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<br>• 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 |
| **Victoza®** | liraglutide | • Adjunct to diet and exercise to improve glycemic control in adult and pediatric patients ≥ 10 years of age with T2DM<br>• 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<br>• To reduce the risk of MACE (cardiovascular death, non-fatal 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 and pediatric patients ≥ 10 years of age with T2DM |

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## 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 |
| DUR Board | Revision | 04/08/2025 |
| Commissioner Designee | Approval | 06/05/2025 |
| DUR Board | Revision | 04/21/2026 |
| Commissioner Designee | Approval | 05/12/2026 |

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