

# New Hampshire Medicaid Fee-for-Service Program

## GLP-1 Receptor Agonist Criteria

Approval Date: June 5, 2025

### Medications

Brand Name	Generic Name	Indication
<b>Trulicity®</b>	dulaglutide	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults and pediatric patients ≥ 10 years of age with T2DM</li> <li>Reduce the risk of major adverse cardiovascular events (MACE) in adults with T2DM who have established CVD or multiple cardiovascular risk factors</li> </ul>
<b>Byetta®</b>	exenatide	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults with T2DM</li> </ul>
<b>Bydureon BCise®</b>	exenatide ER	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults and pediatric patients ≥ 10 years of age with T2DM</li> </ul>
<b>Victoza®</b>	liraglutide	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adult and pediatric patients ≥ 10 years of age with T2DM</li> <li>Reduce the risk of MACE in adults with T2DM and established CVD</li> </ul>
<b>Xultophy®</b>	liraglutide/insulin degludec	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults with T2DM</li> </ul>
<b>Soliqua®</b>	lixisenatide/insulin glargine	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults with T2DM</li> </ul>
<b>Ozempic®</b>	semaglutide	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults with T2DM</li> <li>To reduce the risk of MACE (cardiovascular death, non-fatal myocardial infarction, non-fatal stroke) in adults with T2DM and established CVD</li> </ul>
<b>Rybelsus®</b>	semaglutide	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults with T2DM</li> </ul>
<b>Mounjaro™</b>	tirzepatide	<ul style="list-style-type: none"> <li>Adjunct to diet and exercise to improve glycemic control in adults with T2DM</li> </ul>

# 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