PRIOR AUTHORIZATION POLICY

POLICY: Diabetes – Glucagon-Like Peptide-1 Agonists Prior Authorization Policy

- Bydureon BCise® (exenatide extended-release subcutaneous injection – AstraZeneca [*obsolete 03/31/2025*])
- Byetta® (exenatide subcutaneous injection – AstraZeneca [*brand obsolete 03/06/2025*], generic)
- Mounjaro® (tirzepatide subcutaneous injection – Eli Lilly)
- Ozempic® (semaglutide tablets and subcutaneous injection – Novo Nordisk)
- Rybelsus® (semaglutide tablets – Novo Nordisk [*1.5 mg, 4 mg, and 9 mg tablets obsolete 03/20/2026*])
- Trulicity® (dulaglutide subcutaneous injection – Eli Lilly)
- Victoza® (liraglutide subcutaneous injection – Novo Nordisk, generic)

REVIEW DATE: 06/03/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

The glucagon-like peptide-1 (GLP-1) receptor agonists and the GLP-1/glucose-dependent insulinotropic polypeptide-1 agonist (collectively GLP-1 agonists) addressed in this policy are indicated as adjuncts to diet and exercise to improve

glycemic control in adults with **type 2 diabetes;** liraglutide, Mounjaro, Trulicity, and Bydureon BCise are additionally indicated in patients ≥ 10 years of age.[1-7] Liraglutide, Ozempic, Rybelsus, and Trulicity also have labeled indications related to cardiovascular (CV) risk reduction in adults with type 2 diabetes.[4-7] Additionally, Ozempic is indicated to reduce the risk of sustained estimated glomerular filtration decline, end-stage kidney disease, and CV death in adults with type 2 diabetes and chronic kidney disease.[4] On January 30, 2026, the FDA approved a name change from Rybelsus 1.5 mg, 4 mg and 9 mg (previously "R2" Rybelsus) to Ozempic tablet 1.5 mg, 4 mg and 9 mg.[5,10] Rybelsus 3 mg, 7 mg, and 14 mg tablets remain available on the market at this time.

Guidelines

According to the American Diabetes Association Standards of Care in Diabetes (2026), pharmacologic therapy is guided by person-centric treatment factors including comorbid conditions, as well as treatment goals, and preferences.[8] Pharmacotherapy should be initiated at the time type 2 diabetes is diagnosed unless there are contraindications.

American Association of Clinical Endocrinology Consensus Statement: Algorithm for Management of Adults with Type 2 Diabetes (2026) recommends that pharmacologic therapy for adults with type 2 diabetes be selected using a comorbidities- and complications-centric approach, rather than a glucose-centric sequencing strategy alone.[9]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of the GLP-1 agonists targeted in this policy. All approvals are provided for the duration noted below.

- **Bydureon BCise® (exenatide extended-release subcutaneous injection – AstraZeneca [obsolete 03/31/2025])**
- **Byetta® (exenatide subcutaneous injection – AstraZeneca [brand obsolete 03/06/2025], generic)**
- **Mounjaro® (tirzepatide subcutaneous injection - Eli Lilly)**
- **Ozempic® (semaglutide tablets and subcutaneous injection – Novo Nordisk)**
- **Rybelsus® (semaglutide tablets – Novo Nordisk [1.5 mg, 4 mg, and 9 mg tablets obsolete 03/20/2026])**
- **Trulicity® (dulaglutide subcutaneous injection – Eli Lilly)**
- **Victoza® (liraglutide subcutaneous injection – Novo Nordisk, generic)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Type 2 Diabetes Mellitus.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** If the request is for Byetta, exenatide (generic to Byetta), Ozempic injection, Ozempic tablets, Rybelsus: Approve if the patient is ≥ 18 years of age; OR
   - **B)** If the request is for Bydureon BCise, Mounjaro, Trulicity, Victoza, liraglutide (generic to Victoza): Approve if the patient is ≥ 10 years of age.

CONDITIONS NOT COVERED

- **Bydureon BCise® (exenatide extended-release subcutaneous injection – AstraZeneca [obsolete 03/31/2025])**
- **Byetta® (exenatide subcutaneous injection – AstraZeneca [brand obsolete 03/06/2025], generic)**
- **Mounjaro® (tirzepatide subcutaneous injection - Eli Lilly)**
- **Ozempic® (semaglutide tablets and subcutaneous injection – Novo Nordisk)**
- **Rybelsus® (semaglutide tablets – Novo Nordisk [1.5 mg, 4 mg, and 9 mg tablets obsolete 03/20/2026])**
- **Trulicity® (dulaglutide subcutaneous injection – Eli Lilly)**
- **Victoza® (liraglutide subcutaneous injection – Novo Nordisk, generic)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Weight Loss Treatment**. The products in this policy are not FDA-approved for weight loss. Note: If the patient has type 2 diabetes, refer to FDA-Approved Indication.

2. **Type 1 Diabetes Mellitus.** The products in this policy are not indicated for patients with type 1 diabetes.[1-7] Addition of GLP-1 receptor agonists to insulin therapy resulted in small (0.2%) reductions in hemoglobin A_{1c} among patients with type 1 diabetes compared with insulin alone.[8]

3. **Prediabetes/Diabetes Prevention.** The products in this policy are not indicated in a patient with elevated blood glucose who does not have type 2 diabetes. The American Diabetes Association Standards of Care in Diabetes (2026) recommend consideration of metformin for the prevention of type 2 diabetes in adults at high risk of type 2 diabetes, and in individuals with prior gestational diabetes mellitus. First-line recommendations to prevent or delay type 2 diabetes are lifestyle and behavioral modification (e.g., nutrition, physical activity, sleep).[8] Further, metformin has the longest history of safety data as a pharmacologic therapy for diabetes prevention. Note: If the patient has type 2 diabetes, refer to FDA-Approved Indication.

4. **Metabolic Syndrome.** The products in this policy are not indicated in a patient with metabolic syndrome who does not have type 2 diabetes. Note: If the patient has type 2 diabetes, refer to FDA-Approved Indication.

5. **Concomitant Use with Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/ Glucose-Dependent Insulinotropic Polypeptide (GIP) Agonist.** The products in this policy should not be combined with each other or with any other GLP-1 agonists or GLP-1/GIP agonist(s).

REFERENCES

1. Mounjaro® subcutaneous injection [prescribing information]. Indianapolis, IN: Lilly; December 2025.
2. Bydureon BCise® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; May 2025.
3. Byetta® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; September 2025.
4. Ozempic® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; May 2026.
5. Ozempic® tablets and Rybelsus® tablets [prescribing information]. Plainsboro, NJ: Novo Nordisk; January 2026.
6. Trulicity® subcutaneous injection [prescribing information]. Indianapolis, IN: Lilly; March 2026.
7. Victoza® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; October 2025.
8. American Diabetes Association. Standards of care in diabetes – 2026. *Diabetes Care*. 2026;49(Suppl 1):S1-S371.
9. Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology consensus statement: algorithm for management of adults with type 2 diabetes – 2026 update. *Endocr Pract.* 2026;32:473-518..
10. Data on file. Ozempic (semaglutide) Tablets Availability. Plainsboro, NJ: Novo Nordisk; February 9, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	**Bydureon:** This product was removed from the policy (obsolete). **Mounjaro:** This product was added to the policy (previously a stand-alone policy). **Automation:** Existing automation for Mounjaro was added to the policy. A claim for Mounjaro will adjudicate if the patient meets the lookback for one oral medication for diabetes (not including Rybelsus or single-entity metformin) and if the patient is < 18 years of age. If one of these conditions is not met, the PA criteria will apply. Bydureon was removed from the automation (obsolete). **Policy Statement:** The policy statement was updated to include that Zepbound (tirzepatide subcutaneous injection) is not indicated for the treatment of diabetes and is not targeted in the policy. **Type 2 Diabetes Mellitus:** Existing criteria for Mounjaro was added to this approvable indication. Mounjaro is approved if the patient is ≥ 18 years of age. Bydureon was removed (obsolete). **Concomitant Use with Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/ Glucose-Dependent Insulinotropic Polypeptide (GIP) Agonist:** This criterion was added to Conditions Not Covered.	06/05/2024

Selected Revision	The following changes are effective 01/01/2025: Liraglutide (authorized generic to Victoza) was added to the policy. **Automation:** Liraglutide (authorized generic to Victoza) was added to automation. A claim for liraglutide (authorized generic to Victoza) will adjudicate if the patient meets the lookback for one oral medication for diabetes (not including Rybelsus or single-entity metformin) and if the patient is ≥ 10 years of age. If one of these conditions is not met, the PA criteria will apply. **Type 2 Diabetes Mellitus:** Liraglutide (authorized generic to Victoza) was added to the list of agents that may be approved if the patient is ≥ 10 years of age.	09/18/2025 (effective 01/01/2025)
Selected Revision	Reference to the "authorized generic for Victoza" was removed. The authorized generic to Victoza is now a true generic, additionally another true generic to Victoza is available. **Automation:** "Authorized generic to Victoza" was removed from the automation language for liraglutide. The automation that was previously applied remains the same. **Type 2 Diabetes Mellitus**: "Authorized generic to Victoza" was removed from criteria for liraglutide.	01/29/2025
Selected Revision	Exenatide (generic to Byetta) was added to the policy. **Automation:** Exenatide (generic to Byetta) was added to automation. A claim for exenatide (generic to Byetta) will adjudicate if the patient meets the lookback for one oral medication for diabetes (not including Rybelsus or single-entity metformin) and if the patient is ≥ 18 years of age. If one of these conditions is not met, the PA criteria will apply. **Type 2 Diabetes Mellitus:** Exenatide (generic to Byetta) was added to the list of agents that may be approved if the patient is ≥ 18 years of age.	05/21/2025
Annual Revision	No criteria changes	06/11/2025
DEU Revision	11/20/2025: New indication for Rybelsus added to overview.	--
Selected Revision	Adlyxin was removed from the policy (obsolete). **Automation:** Automation for Mounjaro was updated. A claim for Mounjaro will now adjudicate if the patient meets the lookback for one oral medication for diabetes (not including Rybelsus or single-entity metformin) and if the patient is ≥ 10 years of age (previously ≥ 18 years of age). If one of these conditions is not met, the PA criteria will apply. **Type 2 Diabetes Mellitus:** Mounjaro was added to the list of agents approved if the patient is ≥ 10 years of age (previously approved if the patient was ≥ 18 years of age).	01/07/2026
Selected Revision	Ozempic tablets were added to the Policy. **Policy Statement:** The Note listing the specific glucagon-like peptide-1 (GLP-1) agonists not targeted in this Policy was revised to state that there are other GLP-1 agonists not indicated for the treatment of diabetes that are not targeted in this Policy. **Automation:** For the automation applied to a patient < 18 years of age, Ozempic tablets were added and prior reference to Ozempic was updated to Ozempic injection. For a patient < 18 years of age, or < 10 years of age, Ozempic tablets were added to the list of oral medications excluded from the automation applied to prior use of an oral medication for diabetes in the past 130 days. **Type 2 Diabetes Mellitus:** The list of agents approved if the patient is ≥ 18 years of age was updated to add Ozempic tablets; prior reference to Ozempic was updated to Ozempic injection.	05/06/2026
Annual Revision	No criteria changes.	06/03/2026

	Policy Statement: A Note stating that there are other GLP-1 agonists not indicated for the treatment of diabetes that are not targeted in this policy was removed.	