

**2023 STEP THERAPY CRITERIA**  
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**Step Therapy Group:**

GLP-1 Agonists ST

**Drug Name(s)**

Bydureon Bcise

Bydureon Pen

Ozempic

Rybelsus

Trulicity

Victoza

**Criteria:**

Criteria for approval require BOTH of the following:

1. Patient has an FDA labeled indication for the requested agent AND
2. ONE of the following:
  - A. There is evidence of a claim that the patient is currently being treated with the requested agent within the past 90 days OR
  - B. Prescriber states the patient is currently being treated with the requested agent within the past 90 days OR
  - C. Patient's medication history includes use of metformin or an agent containing metformin within the past 90 days OR
  - D. Patient has an intolerance or hypersensitivity to metformin or an agent containing metformin OR
  - E. Patient had an ineffective treatment response to metformin or an agent containing metformin OR
  - F. Patient has an FDA labeled contraindication to metformin or an agent containing metformin

For Ozempic, Trulicity, and Victoza: NO prerequisites are required for diagnosis of type 2 diabetes mellitus and multiple cardiovascular risk factors or established cardiovascular disease.

Medications subject to step therapy will be covered when the above criteria are met.

Approval authorizations will apply to the requested medication only.