



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Antidiabetic Agents Step Therapy Criteria
Exenatide - Liraglutide – Ozempic – Segluromet – Steglatro Page: 1 of 5

Effective Date: 12/15/2025 Last Review Date: 9/2025

Applies to: Illinois Florida Florida Kids
 New Jersey Maryland Michigan
 Pennsylvania Kids Virginia Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Exenatide, Liraglutide, Ozempic, Segluromet, and Steglatro under the patient’s prescription drug benefit.

Description:

Exenatide

FDA-approved indications

Exenatide is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Exenatide contains exenatide. Coadministration with other exenatide-containing products is not recommended.

Compendial Uses

Metabolic dysfunction–associated steatotic liver disease (MASLD) in adults with type 2 diabetes²⁹

Metabolic dysfunction–associated steatohepatitis (MASH) in adults with type 2 diabetes²⁹

Ozempic

FDA-approved Indications

Ozempic is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.
- to reduce the risk of sustained eGFR decline, end-stage kidney disease, and cardiovascular death in adults with type 2 diabetes mellitus and chronic kidney disease

Compendial Uses

Metabolic dysfunction–associated steatotic liver disease (MASLD) in adults with type 2 diabetes²⁹

Metabolic dysfunction–associated steatohepatitis (MASH) in adults with type 2 diabetes²⁹

Segluromet

FDA-approved Indications



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Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Segluromet is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:

Not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus

Steglatro

FDA-approved Indications

Steglatro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:

Not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus.

Liraglutide

FDA-approved Indications

Liraglutide is indicated:

- as an adjunct to diet and exercise to improve glycemic control in patients 10 years and older with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use:

- Liraglutide contains liraglutide and should not be co-administered with other liraglutide-containing products.

Compensial Uses:

Advanced chronic kidney disease (CKD) in adults with type 2 diabetes mellitus²⁹

Metabolic dysfunction–associated steatotic liver disease (MASLD) in adults with type 2 diabetes²⁹

Metabolic dysfunction–associated steatohepatitis (MASH) in adults with type 2 diabetes²⁹

Applicable Drug List:

Formulary with Step Therapy:

- Exenatide
- Liraglutide
- Ozempic
- Segluromet



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Steglatro

Policy/Guideline:

Coverage Criteria

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months when ALL of the following criteria are met:

- If the request is for a Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists (example exenatide, liraglutide, Ozempic), then ONE of the following criteria is met:
 - The patient has a history of an A1C greater than or equal to 6.5 percent. Documentation is required for approval.
 - The patient has a history of a 2-hour plasma glucose greater than or equal to 200 mg/dL during oral glucose tolerance test. Documentation is required for approval.
 - The patient has a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL. Documentation is required for approval.
 - The patient has a history of a fasting plasma glucose greater than or equal to 126 mg/dL AND when the following criteria is met:
 - The patient fasted for at least 8 hours prior to the fasting plasma glucose greater than or equal to 126 mg/dL. Documentation is required for approval.
- The patient meets ONE of the following criteria:
 - The patient experienced an inadequate treatment response, intolerance, or has a contraindication to metformin.
 - The patient requires combination therapy AND has an A1C of 7.5 percent or greater.
 - The patient has a diagnosis of metabolic dysfunction-associated steatotic liver disease (MASLD) or metabolic dysfunction-associated steatohepatitis (MASH) and the following criteria is met:
 - The request is for exenatide, Ozempic (semaglutide), or liraglutide.
 - The patient has established cardiovascular disease, and the following criteria is met:
 - The request is for Ozempic or liraglutide.
 - The patient has a diagnosis of chronic kidney disease AND the following criteria is met:
 - The request is for Ozempic.
 - The patient has a diagnosis of advanced chronic kidney disease (estimated glomerular filtration rate less than 30 mL/min/1.73m²) AND the following criteria is met:
 - The request is for liraglutide.



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Continuation of Therapy

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has been receiving a stable maintenance dose of the requested drug for at least 3 months when ALL of the following criteria are met:

- If the request is for a Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists (examples: exenatide, liraglutide, Ozempic), then ONE of the following criteria is met:
 - The patient has a history of an A1C greater than or equal to 6.5 percent. Documentation is required for approval.
 - The patient has a history of a 2-hour plasma glucose greater than or equal to 200 mg/dL during oral glucose tolerance test. Documentation is required for approval.
 - The patient has a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL. Documentation is required for approval.
 - The patient has a history of a fasting plasma glucose greater than or equal to 126 mg/dL when the following criteria is met:
 - The patient fasted for at least 8 hours prior to the fasting plasma glucose greater than or equal to 126 mg/dL. Documentation is required for approval.
- The patient meets ONE of the following criteria:
 - The patient has demonstrated a reduction in A1C since starting this therapy.
 - The patient has a diagnosis of metabolic dysfunction-associated steatotic liver disease (MASLD) or metabolic dysfunction-associated steatohepatitis (MASH) and the following criteria is met:
 - The request is for exenatide, Ozempic (semaglutide), or liraglutide.
 - The patient has established cardiovascular disease, AND the following criteria is met:
 - The request is for Ozempic or liraglutide
 - The patient has a diagnosis of chronic kidney disease, AND the following criteria is met:
 - The request is for Ozempic.
 - The patient has a diagnosis of advanced chronic kidney disease (estimated glomerular filtration rate less than 30 mL/min/1.73m²) AND the following criteria is met:
 - The request is for liraglutide.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits



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