

GLP-1 Formulary



Type 2 Diabetes Diagnosis

GLP-1 agonist and GIP/GLP-1 agonist medications currently available on the U.S. market for the treatment of Type 2 diabetes include:

- Dulaglutide (Trulicity®)
 - Liraglutide (Victoza®)
- Semaglutide injection (Ozempic®)
- Semaglutide tablets (Rybelsus®)
 - Tirzepatide (Mounjaro®)

Medicare

- Sentara Medicare Value (HMO)
- Sentara Medicare Prime (HMO)
- Sentara Medicare Savings (HMO)
- Sentara Medicare Salute (HMO)

Formulary: Mounjaro, Ozempic, Rybelsus, Trulicity **Nonformulary*:** Byetta, Bydureon, Victoza *(*requires nonformulary exception approval)*

Estimated Cost: Tier 3



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

Commercial

- Sentara Vantage (HMO)
- Sentara POS
- Sentara Plus (PPO)
- Sentara Individual & Family Health Plan

Preferred/Formulary: Mounjaro, Ozempic, Rybelsus, Trulicity **Non-Preferred/Nonformulary*:** Byetta, Bydureon, Victoza *(*requires trial and failure of preferred/formulary products or nonformulary medical necessity exception approval)*

Estimated Cost: Tier 2



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

SNP Plans

- Sentara Community Complete (HMO C-SNP)
- Sentara Community Complete Select (HMO D-SNP)

Formulary: Mounjaro, Ozempic, Rybelsus, Trulicity **Nonformulary*:** Byetta, Bydureon, Victoza *(*requires nonformulary exception approval)*

Estimated Cost: Covered¹



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

Medicaid

- Sentara Community Plan

Preferred: Byetta, Trulicity, Victoza **Non-Preferred*:** Bydureon, Mounjaro, Ozempic, Rybelsus *(*requires A1C ≥ 6.5 and trial/failure of two preferred agents)*

Estimated Cost: Covered²



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

Medicaid-FAMIS

- FAMIS

Formulary: Mounjaro, Ozempic, Rybelsus, Trulicity **Nonformulary*:** Byetta, Bydureon, Victoza *(*requires nonformulary exception approval)*

Estimated Cost: Tier 3



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

Weight Loss Diagnosis

GLP-1 agonist and GIP/GLP-1 agonist medications currently available on the U.S. market to reduce excess body weight and maintain weight reduction long term:

- Liraglutide (Saxenda®)
- Semaglutide injection (Wegovy®)
- Tirzepatide (Zepbound®)

Medicare

- Sentara Medicare Value (HMO)
- Sentara Medicare Prime (HMO)
- Sentara Medicare Savings (HMO)
- Sentara Medicare Salute (HMO)

Excluded Benefit – Not Covered

Commercial

- Sentara Vantage (HMO) *(Group-specific benefit)*
- Sentara POS *(Group-specific benefit)*
- Sentara Plus (PPO) *(Group-specific benefit)*
- Sentara Individual & Family Health Plan ***(Excluded Benefit – Not Covered)***

Formulary: Saxenda, Wegovy, Zepbound *(Group-specific benefit)*

Estimated Cost: Tier 3 *(If covered)*



Auth Required: Yes
Auth Duration: Initial: 6 Months Reauth: 1 year
Criteria: Scan or click QR code to see details.

SNP Plans

- Sentara Community Complete (HMO C-SNP)
- Sentara Community Complete Select (HMO D-SNP)

Excluded Benefit – Not Covered

Medicaid

- Sentara Community Plan

Non-Preferred: Saxenda, Wegovy, Zepbound

Estimated Cost: Covered²



Auth Required: Yes
Auth Duration: 6 Months
Criteria: Scan or click QR code to see details.

Medicaid-FAMIS

- FAMIS

Excluded Benefit – Not Covered

Cardiovascular Diagnosis

GLP-1 agonist medications currently available on the U.S. market to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight include:

- Semaglutide injection (Wegovy®)

Medicare

- Sentara Medicare Value (HMO)
- Sentara Medicare Prime (HMO)
- Sentara Medicare Savings (HMO)
- Sentara Medicare Salute (HMO)

Formulary: Wegovy

Estimated Cost: Tier 5



Auth Required: Yes
Auth Duration: Initial: 6 Months Reauth: 1 year
Criteria: Scan or click QR code to see details.

Commercial

- Sentara Vantage (HMO) *(Group-specific benefit)*
- Sentara POS *(Group-specific benefit)*
- Sentara Plus (PPO) *(Group-specific benefit)*
- Sentara Individual & Family Health Plan ***(Excluded Benefit – Not Covered)***

Formulary: Wegovy *(Group-specific benefit)*

Estimated Cost: Tier 3 *(If covered)*



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

SNP Plans

- Sentara Community Complete (HMO C-SNP)
- Sentara Community Complete Select (HMO D-SNP)

Formulary: Wegovy

Estimated Cost: Covered¹



Auth Required: Yes
Auth Duration: Initial: 6 Months Reauth: 1 year
Criteria: Scan or click QR code to see details.

Medicaid

- Sentara Community Plan

Formulary: Wegovy

Estimated Cost: Covered²



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

Medicaid-FAMIS

- FAMIS

Formulary: Wegovy

Estimated Cost: Covered²



Auth Required: Yes
Auth Duration: 1 Year
Criteria: Scan or click QR code to see details.

To determine if a particular benefit is covered under a member’s plan, please call provider services at 1-800-229-8822.

¹**Medicare SNP Plans:** Covered: Copay dictated by Medicare Part D Extra Help program. | ²**Medicaid and Medicaid-FAMIS Plans:** Covered: No copay/no cost/no out-of-pocket cost or fees for member.

Note: Lower tiers correspond with lower copay costs. Please contact provider services for exact benefits.