

Provider Announcement of Formulary Change

NEW Glucagon-like peptide-1 (GLP-1) Prior Authorization Requirements

MedStar Family Choice has revised the Prior Authorization (PA) criteria for GLP-1 medications. These requirements go into effect on August 1, 2024.

Formulary GLP-1 medications:

Trulicity (dulaglutide)
Ozempic (semaglutide)
Rybelsus (semaglutide)
Mounjaro (tirzepatide)

New PA Criteria:

Type of PA Request	New PA Criteria
New Start/Initiation	<ul style="list-style-type: none"> Baseline A1c is ≥ 8.0, for adults 18 years and older WITHOUT heart disease. Baseline A1C is ≥ 7.0, for adults 18 years and older WITH heart disease. Patient is not concurrently prescribed a medication to treat severe constipation: metoclopramide, Amitiza (lubiprostone), Linzess (linaclotide), Motegrity (prucalopride) or Trulance (plecanatide) No history of pancreatitis Starter doses are quantity limited and require dose escalation: <ul style="list-style-type: none"> Trulicity 0.75 mg is limited to one dispense (4 pens) UNLESS Trulicity renewal criteria are met with this dose. Mounjaro 2.5 mg is limited to one dispense (4 pens) UNLESS Mounjaro renewal criteria are met with this dose. Ozempic 0.25/0.5 mg combines the starter- and titration-doses and is limited to two dispenses (2 pens) before needing clinical review. Rybelsus 3 mg is limited to one, 30-day dispense.
Renewal/Continuation	<ul style="list-style-type: none"> Documented positive clinical response defined as one of the following: <ul style="list-style-type: none"> Dose titration is occurring at expected monthly intervals which applies only to the first 6 months of treatment or until A1c labs are available, or A1c goal has been reached on requested dose; or A1c has decreased by $\geq 1\%$ since onset of therapy; or Patient is at maximum tolerated dose and is being used in combination with other anti-hyperglycemic medications. Patient has not had medical intervention for pancreatitis OR severe gastrointestinal events. (e.g., hospitalization or new start GI motility agent). These patients will be directed to other anti-hyperglycemic agents. Prescription claims data shows consistent adherence to the requested medication as shown by no instance of a drug-free interval greater than 2 months at which time the patient would need to satisfy the initial criteria.

What hasn't changed:

- Cannot be approved for indication of weight management.**
- Must be ordered for an FDA-approved indication for use.
- A1c or TIR% report within past 3 months.
- May not be used concurrently with any other GLP-1 or GLP/GIP acting medication, or DPP4 inhibitors.
- Please see the MedStar Family Choice Prior Authorization and Step Therapy Table for medication-specific criteria.