



DATE: May 31, 2024
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems
Subject: **GLP-1 Agonist Prior Authorization Criteria Changes**

Status: Beginning July 1st, new prior authorization criteria will be implemented for GLP-1 receptor agonist agents. As a part of this criteria change, providers will now be **required to submit documentation** supporting a patient diagnosis of type 2 diabetes. In addition, requests for coverage of non-preferred agents (Bydureon BCise®, Mounjaro®, Rybelsus®) will now require at least a **3-month trial and failure of 2 preferred agents** (Byetta®, Ozempic®, Trulicity®, Victoza®). As a general reminder, GLP-1 receptor agonists are not covered for off-label use or in the treatment of weight loss. Below are the new prior authorization criteria that will be put into place:

Criteria for Approval

- Diagnosis of Type II Diabetes Mellitus (T2DM) confirmed with clinical documentation (e.g., progress note) of one of the following:
 - ICD-10 diagnosis of T2DM; **OR**
 - A1c lab value that correlates to a T2DM diagnosis (i.e., 6.5 or greater); **AND**
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
- Not used in combination with another GLP-1 receptor agonist **UNLESS** the member is changing therapy; **AND**
- The requested dose does not exceed the maximum FDA-approved dose for the treatment of diabetes mellitus.

Prior authorization criteria can be found at the following location once posted:
<https://kyportal.medimpact.com/medicaid-provider-portal/medicaid-provider-portal-home>.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	



KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	