



Prior Authorization Requirements for GLP-1 Agonist Medications

Prior authorization is required for GLP-1 agonist medications. Please see guidelines below.

Medications	Coverage Criteria
<ul style="list-style-type: none">• Mounjaro[®]• Ozempic[®]• Trulicity[®]• Rybelsus[®]• Victoza[®]	<p>For members in HAP Commercial plans:</p> <ol style="list-style-type: none">1. The medication is prescribed as an adjunct to diet and exercise to improve glycemic control in adults with diabetes mellitus Type II, and2. Failure to achieve glycemic control with metformin at maximum tolerated doses for at least three months, and3. Medical records to support diagnosis of diabetes including Hemoglobin A1c and documentation of gradual increase in metformin therapy by 500 mg every seven days to maximum dose to address tolerability issues. <p>For members in HAP Medicare Advantage plans:</p> <ol style="list-style-type: none">1. Members must have a diagnosis of diabetes mellitus Type II, and2. Members must have tried a trial of metformin or have a contraindication to its use, and3. Providers must submit medical records to support the diagnosis of diabetes including Hemoglobin A1c. <p>Exclusions for GLP-1 agonist medications:</p> <ol style="list-style-type: none">1. Prescribed for the management of weight loss2. Members with diabetes mellitus Type I3. Members with diabetic ketoacidosis4. Members with severe gastrointestinal disease

Prior authorization requirements

For HAP Commercial members, please submit requests for GLP-1 agonists using our online application, CareAffiliate. Here are the steps.

- Log in at hap.org and select *Authorizations*.
- Complete all required fields.
- Submit documentation to support the above criteria. Be sure to include clinic notes and laboratory results to support the diagnosis of diabetes mellitus Type II.

For HAP Medicare Advantage members, please submit requests for GLP-1 agonists using one of the methods below.

- Electronic prior authorization process on the [Covermyeds platform Helping People get the Medicine They Need | CoverMyMeds](#)
- Fax **(313) 664-8045**
- Call **(800) 801-1770** for HMO members
- Call **(888) 658-2536** for PPO members
- Call **(888) 848-4844** for HAP Medicare Complete Duals (HMO D-SNP)

If requests contain incomplete information, the prior authorization may be denied. As always, medical records must comply with Federal and State laws regarding accuracy.

Note: The Centers for Medicare and Medicaid Services (CMS) excludes these medications from coverage for weight loss purposes.