

New Prescribing Requirement for GLP-1 Medications

March 1, 2023

Neighborhood Health Plan of Rhode Island's (Neighborhood's) current Medicaid formulary covers glucagon-like peptide 1 (GLP-1) agonists and GLP-1 like medications at point of sale, after the member has tried and failed Metformin for Type 2 Diabetes. If the member has not utilized Metformin, then a prior authorization request would need to be submitted.

Effective April 1st, 2023, all new starts of GLP-1 and GLP-1 like medications* will require prior authorization (regardless of prior medication success/failure), for all Neighborhood Medicaid members.

- Providers will need to submit proof of a diabetes diagnosis via chart notes/lab work as part of the prior authorization request for a new start of a GLP-1 or GLP-1 like medication.
- Medicaid members currently prescribed a GLP-1 or GLP-1 like medication will have look back logic on their profile to allow claims to adjudicate at point of sale without requiring a prior authorization.

*Examples of GLP-1 and GLP-1 like medications include Trulicity (dulaglutide), Ozempic (semaglutide), Victoza (liraglutide) and Mounjaro (tirzepatide).

To minimize administrative burden please submit pertinent clinical records at the time of prior authorization submission.

- Prior authorization requests can continue to be submitted through CoverMyMeds (<https://www.covermy meds.com/main/prior-authorization-forms/caremark/>) or faxed to 866-423-0945.

Thank you for your prompt attention to this matter and for the quality care you provide Neighborhood members.

If you have any questions about this communication or its contents, please call 401-427-8200.