

***Did You Know...***

The Duke Health Plan including Duke Basic, Duke Select, and the Duke BCBS plans (Duke Care and Duke Options) has made changes to coverage requirements for GLP-1 Agonists and GLP-1/GIP medications (Byetta, Bydureon, Mounjaro, Ozempic, Rybelsus, and Trulicity).

**Medications With New Coverage Requirements:**

Byetta (exenatide)	Bydureon (exenatide)	Mounjaro (tirzepatide)	Victoza (liraglutide)
Rybelsus (semaglutide – oral)	Trulicity (dulaglutide)	Ozempic (semaglutide)	

**Medical Documentation of Type 2 Diabetes Added to Prior Authorizations**

Due to evidence of fraudulent claims and inaccurate prior authorization submissions, the plan will now require medical documentation (example laboratory evidence or medical records) which demonstrates the patient has Type 2 Diabetes for prior authorization approval. Previously, the prior authorization contained a single question asking what indication the medication was being used to treat. These requirements will need to be provided upon completion of each member's specific prior authorization term date.

**Prescriber Limitations for Coverage**

Beginning 7/1/2024, prescriptions for GLP-1 agonists and GLP-1/GIP medications (listed above) will not be covered when written by providers based out of Duke Lifestyle and Weight Management Center or the Duke Metabolic and Weight Loss Center. Other providers may also be restricted in an ongoing basis. Patients receiving GLP-1 agonists or GLP-1/GIP medications from these practices seeking to have their prescriptions covered will need to seek prescriptions from their primary care provider or endocrinologist.

**How will this impact my patients?**

**Patients who seek coverage will need to have documentation of Type 2 Diabetes AND receive their prescription from a non-restricted office/provider.** Primary care or endocrinology offices may be asked by members to write for their GLP-1 agonist/GIP medication if they were previously receiving from a restricted office. Providers may continue to write for these medications as they deem clinically appropriate. The change is only around plan coverage of these medications.

**Why are these occurring?**

In an effort to ensure these medications are being covered per plan intent (to treat Type 2 Diabetes) new prior authorization requirements and prescribing requirements have been put into place.