

## Starting Sept. 1, we'll require prior authorization for some diabetes drugs

Starting Sept. 1, 2023, health care providers will need to submit a prior authorization request for Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup> members who are beginning treatment with the brand-name medications listed below. We're requiring approval to show the glucagon-like peptide 1, or GLP-1, agonist drugs are being used for Type 2 diabetes, the indication approved by the U.S. Food and Drug Administration. Prior authorizations won't be approved if the drug is prescribed for weight loss. Original Medicare prohibits Part D plans from covering drugs used for weight loss.

Prior authorization won't be required for members who have initiated GLP-1 treatment before Sept. 1, 2023. Current users will be able to remain on their GLP-1 for the rest of 2023 without needing prior authorization. Some employee group waiver plans will defer implementation of the type 2 diabetes diagnosis requirement for GLP-1 medications until Jan. 1, 2024.

Brand-name medication	FDA-approved indication	Plan coverage requirement
Bydureon <sup>®</sup> Byetta <sup>®</sup> Ozempic <sup>®</sup> Rybelsus <sup>®</sup> Trulicity <sup>®</sup> Victoza <sup>®</sup>	Type 2 diabetes	Treatment of Type 2 diabetes Excluded if used for weight loss

For information on how to submit the request electronically, click [here](#).

For a complete list of drugs and associated requirements, go to [2023 Drug Lists](#).