

Optimizing GLP-1 Receptor Agonist Therapy

This notice provides guidance on appropriate use and dose escalation of preferred GLP-1 receptor agonists for type 2 diabetes. **Initiation (“starter”) doses** are intended only to improve tolerability and are generally not therapeutic or sufficient for meaningful A1C reduction. Providers should advance to maintenance dosing when clinically appropriate, as supported by FDA labeling and clinical evidence.

Recent reviews indicate that some patients remain on initiation doses without documented rationale, which may lead to suboptimal glycemic control.

Additionally, for formulary and prior authorization purposes, a valid trial of a preferred GLP-1 agent typically requires use of a therapeutic maintenance dose. Use of initiation doses alone may not meet trial requirements, unless there is clear clinical justification preventing dose escalation.

Preferred Product	Initiation / Starter Dose	Therapeutic / Maintenance Dose(s) ¹	Important Notes
Trulicity®	0.75 mg weekly	1.5 mg, 3 mg or 4.5 mg weekly	While 0.75 mg weekly may be appropriate for treatment initiation, escalation to maintenance dosing is often necessary for clinically meaningful glycemic control.
Victoza®	0.6 mg daily	1.2 mg or 1.8 mg daily	0.6 mg daily is intended to reduce adverse gastrointestinal effects during initiation and is not considered a therapeutic maintenance dose.
Rybelsus®	3 mg daily	7 mg or 14 mg daily	3 mg daily is intended for treatment initiation only and is not effective for glycemic control.
Ozempic® (Tabs)	1.5 mg daily	4 mg or 9 mg daily	1.5 mg daily is considered an initiation dose and is not intended for long-term glycemic management.

¹ Adequate trial is typically defined as 3 consecutive months at a stable maintenance dose

By the end of 2026, the completion of the transition from Rybelsus® to the newly reformulated Ozempic® tablet product is anticipated. Existing Rybelsus® inventory is expected



Provider Notice

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to eventually be depleted, and patients remaining on therapy will require conversion to the new Ozempic® tablet formulation. This will require a new prescription.

Providers should anticipate that a new prior authorization request may be required. Providers are encouraged to proactively evaluate impacted patients to help minimize potential disruptions in therapy and ensure continuation at clinically appropriate therapeutic maintenance doses.

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at countycareproviderservices@cookcountyhhs.org or your assigned provider relations representative.

References

Ozempic® (semaglutide) prescribing information. Novo Nordisk.
Rybelsus® (semaglutide) prescribing information. Novo Nordisk.
Trulicity® (dulaglutide) prescribing information. Eli Lilly and Company.
Victoza® (liraglutide) prescribing information. Novo Nordisk.