CountyCare
A MEDICAID HEALTH PLAN

Provider Notice

July 21, 2026

GLP-1 Prior Authorization Documentation: Common Reasons for Denials and How to Avoid Them

This notice is to provide additional information to our providers regarding prior authorization (PA) requests for the glucagon-like peptide (GLP-1) class of medications. We value our partnership with you and want to help ensure that our members receive the medications they need as efficiently as possible.

This guidance will help support successful PA submissions and reduce delays in the approval process. Please keep in mind that CountyCare aligns with the Illinois Department of Healthcare and Family Services (HFS) Preferred Drug List (PDL).

Preferred GLP-1 Products*:

- Victoza®
- Liraglutide (generic Victoza®)
- Ozempic® **tablet only** (semaglutide)
- Rybelsus® (semaglutide)
- Trulicity®(dulaglutide)

**Please refer to the current HFS Preferred Drug List for the most up-to-date formulary information and product availability.*

Preferred Drug Trial Requirement
For non-preferred GLP-1 requests, such as Mounjaro® or Ozempic ® **injection**, documentation should clearly show that the member tried and did not achieve the required response on a preferred agent at the appropriate dose and duration.

Why Continuation Requests May Still Be Denied
Continuation of therapy alone does NOT guarantee approval. The plan may still require documentation showing that the original preferred product trial requirements were met.

Continuation requests are commonly denied when medical necessity has not been established; plan criteria cannot be verified; or supporting documentation is incomplete. Helpful information includes preferred drug trial history, dose progression, duration of therapy, A1C values with dates, documentation of adverse events or intolerance, and the clinical rationale for continuing the requested medication. Reference the drug-specific PA criteria within CoverMyMeds.

Key Elements Needed for Documentation
To support the prior authorization review, providers should include the following information in the clinical documentation submitted with the request:

Documentation Element	Details
Current dose history	Start date of the current dose and total duration on the current dose
Previous therapy progression	Prior GLP-1 doses tried, including dose titration and dates of use
Clinical response	A1C values before and after each dose trial, when available
Preferred product trial	Documentation of a trial at the maximum tolerated dose of preferred agents, when applicable
Adverse events or contraindications	Documentation of adverse effects, intolerance, contraindications or other clinical reasons a preferred product cannot be utilized
Non-preferred product requests	Documentation demonstrating progression through preferred therapy and the clinical rationale for requesting a non-preferred agent

Please see our prior provider notice dated June 4, 2026, for information on appropriate use and dose escalation of preferred GLP-1 receptor agonists for type 2 diabetes.

Contact Us
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.