



**Connecticut Medical Assistance Program**  
Policy Transmittal 2024-30

Provider Bulletin 2024-66  
December 2024

Andrea Barton Reeves, J.D., Commissioner

Effective Date: December 15, 2024  
Contact: Herman Kranc

**TO: Pharmacies, Physicians, Nurse Practitioners, Nurse Midwives, Physician Assistants, Long Term Care Providers, Clinics and Hospitals**

**RE: Diagnosis Requirement for GLP-1 Agonist Medications**

**On December 19, 2024, PB 2024-66 is being updated to reflect new information. The updates are identified in red bold.**

**LATEST UPDATES IN GREEN BOLD**

Effective December 15, 2024, all new prescriptions for GLP-1 agonist medications will require a valid ICD-10 diagnosis code indicating Type 2 diabetes to be submitted in field 424-DO on the NCPDP D.0. pharmacy claim. These medications include Trulicity, Byetta, Bydureon, Rybelsus, Victoza/liraglutide, Ozempic, and Mounjaro (combination GIP and GLP-1). **When a new prescription for such GLP-1 agonist medications is denied, the pharmacist is instructed to print the following flyer and provide to the client: The flyer can be found [here](#) or at [www.ctdssmap.com](http://www.ctdssmap.com) under the pharmacy information tab.**

The GLP-1 medications described above are only approved for the treatment of Type 2 diabetes per manufacturer prescribing guidelines as well as FDA approval status. A comprehensive list of acceptable diagnoses can be found at [https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Therapeutic\\_List.pdf](https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Therapeutic_List.pdf) as well as at [www.ctdssmap.com](http://www.ctdssmap.com) under the pharmacy information tab.

Effective December 15, 2024, members who have been prescribed GLP-1 medications in the past for indications other than Type 2 diabetes will also require a diagnosis be submitted on the

claim but will continue to pay through **March 14, 2025**, regardless of the diagnosis submitted on the claim. This time will allow the prescriber to transition the member to an appropriate therapy when treating conditions other than Type 2 diabetes.

Effective January 15, 2025, all GLP-1 medication pharmacy claims will require an approved Type 2 diabetes diagnosis code.

**The Department has extended the date for an approved diagnosis to be submitted on a pharmacy claim for members who have been prescribed GLP-1 medications in the past for indications other than Type 2 diabetes. Claims will now continue to pay through March 14, 2025.**

**Prescribers are strongly encouraged to transition members who are receiving a GLP-1 medication to other therapy if treating members for conditions other than Type 2 diabetes.**

**UPDATE:**

**The Department has extended the date for an approved diagnosis to be submitted on a pharmacy claim for members who have been prescribed GLP-1 medications in the past for indications other than Type 2 diabetes. Claims will now continue to pay through June 14, 2025.**

**All information submitted on claims is subject to audit.**

**Posting Instructions:**

Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:**

This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

**Responsible Unit:**

DSS, Division of Health Services, Medical Policy; Herman Kranc, Integrated Care, Pharmacy Unit, email [herman.kranc@ct.gov](mailto:herman.kranc@ct.gov).

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