

# GLP-1 MEDICATIONS: PRIOR AUTH & DENIALS

*Ozempic, Wegovy, Mounjaro — why they get denied*

And exactly how to get the approval your doctor already supports.

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## Why GLP-1s Get Denied So Often

GLP-1 medications are among the most frequently denied drug categories. Coverage policies vary significantly depending on your plan type. The same medication may be easily approved under one plan, require strict criteria under another, or not be covered at all.

*Understanding your plan type is the single most important step before assuming approval is possible.*

## Coverage by Plan Type

	Commercial Insurance	Medicare	Medicaid
Diabetes coverage	Often available; prior auth frequently required	Part D covers most; Traditional Medicare may cover some under Part B	Generally available; subject to state PDL and prior auth criteria
Weight management coverage	Varies widely; many employer plans exclude it entirely	Historically excluded for weight loss only; evolving — verify current policy	Varies by state; strict criteria often apply
Step therapy	Commonly applied — lower-cost medications first	Applies through Medicare Advantage and Part D plans	Required in most states; specific sequence varies
Prior authorization	Almost always required	Required through Part D and Medicare Advantage	Required in most cases

## The 5 Most Common Denial Reasons

### 1. High cost triggers automatic review

Most specialty medications cost thousands of dollars monthly. Insurers apply more rigorous authorization criteria to these drugs than to standard medications.

### 2. Step therapy requirements

Plans typically require documented trials of lower-cost alternatives before approving specialty medications. These requirements may be strict and may specify duration and documentation of failure.

### 3. Indication-specific approval

A medication may be covered for one diagnosis but not another — even if the prescribing provider believes it is clinically appropriate. Coverage depends on the submitted diagnosis code matching the plan's approved indications.

#### 4. Formulary placement

Where a drug falls on the plan's formulary determines cost-sharing and whether prior authorization applies. GLP-1s are typically Tier 4 or Tier 5.

#### 5. Plan design limitations

Employer plans vary significantly — the same insurer may have very different rules across employer groups. Your neighbor's approval does not mean your plan covers the same medication.

### Documentation Checklist for GLP-1 Authorization

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#### Clinical documentation typically required:

- Specific diagnosis with ICD code (diabetes vs. weight management — these are different approvals)
- Severity of condition (A1C levels, BMI, comorbidities)
- Duration of condition
- Treatments already tried and outcomes
- Reason alternatives were not sufficient
- Prescriber specialty (some drugs require specialist)

#### Questions to ask before submission:

- What diagnoses qualify this medication under my plan?
- What prior treatments must be documented?
- Is there a specific formulary exception process?
- Does my plan require a specialist prescriber?
- Which specialty pharmacy does my plan require?
- What lab values or thresholds must be documented?

*Coverage policies for GLP-1 medications continue to evolve. Always verify current criteria with your specific plan before assuming coverage. What was covered last year may have changed at renewal.*

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