

PRIOR AUTHORIZATION CRITERIA OZEMPIC (SEMAGLUTIDE) STEP

All requests for Ozempic (semaglutide) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Ozempic (semaglutide) Prior Authorization Step Criteria:

The member has tried and failed a minimum of a 30 day trial or had an intolerance to one of the following:

- Glucophage (metformin)
- Glucophage XR (metformin ER)
- Glucovance (metformin/glyburide)
- Metaglip (metformin/glipizide)
- Avandamet (metformin/rosiglitazone)
- Actoplus Met (pioglitazone/metformin)
- Amaryl (glimepiride)
- Duetact (glimepiride/pioglitazone)
- DiaBeta, Glynase, Micronase (glyburide)
- Glucotrol, Glucotrol XL (glipizide)
- Januvia (sitagliptin)
- Janumet/Janumet XR (sitagliptin/metformin)
- Alogliptin
- Alogliptin/pioglitazone
- Alogliptin/metformin
- Jardiance (empagliflozin)
- Synjardy (empagliflozin/metformin)

When criteria has been met, benefit of coverage will be for 12 months

When criteria are not met, the request will be forwarded to a Medical Director (Insurance) for review. The physician reviewer (Insurance) must override criteria when, in their professional judgement, the requested medication is medically necessary (such as continuation of therapy etc.)