PRIOR AUTHORIZATION REQUEST

Ozempic

semaglutide · GLP-1 receptor agonist · Novo Nordisk

Request: ☐ Initial ☐ Reauthorization ☐ Appeal (attach denial) ☐ Exception (formulary or tier)

Review: ☐ Standard ☐ Expedited (health seriously jeopardized)

Date: _____ **Plan fax:** _____

Pharmacy benefit. Broadly on formulary for type 2 diabetes; the PA exists to confirm T2D and block off-label weight-loss use. Medicare: standard Part D drug with PA in about 83% of plans; not part of the GLP-1 Bridge. Injection PI revised 05/2026; tablets PI 1/2026 (Rybelsus was rebranded 'Ozempic tablets' in February 2026). Indications: T2D glycemic control, MACE risk reduction in T2D with CVD, and CKD progression risk reduction in T2D with CKD (injection only). PAD is not a US indication as of the 05/2026 label.

A PATIENT

PATIENT NAME | DATE OF BIRTH | SEX | MEMBER ID

GROUP # | PLAN / PBM | RX BIN | RX PCN | RX GROUP

PATIENT PHONE | HEIGHT | WEIGHT (KG) | WEIGHT DATE

B PRESCRIBER

PRESCRIBER NAME | NPI | SPECIALTY

PRACTICE / CLINIC | OFFICE CONTACT | PHONE

FAX | EMAIL (OPTIONAL) | DISPENSING PHARMACY | PHARMACY PHONE / FAX

C MEDICATION REQUESTED

check the product; write dose, frequency and quantity

☐ Pen 2 mg/3 mL (0.25 or 0.5 mg doses) ☐ Pen 4 mg/3 mL (1 mg dose) ☐ Pen 8 mg/3 mL (2 mg dose)

☐ Single-dose syringes 0.25, 0.5, 1 mg ☐ Ozempic tablets 1.5, 4, 9 mg once daily (30 per bottle)

DOSE AND FREQUENCY REQUESTED | QUANTITY PER FILL | DAYS' SUPPLY | REFILLS

LOADING OR INDUCTION QUANTITY REQUESTED (IF ANY)

Labeled regimens and quantity limits are on the reference page.

D DIAGNOSIS

check the indication and write the specific ICD-10-CM code

INDICATION	LABEL AGE	ICD-10-CM
☐ Type 2 diabetes, glycemic control (adjunct to diet and exercise)	18+	E11.x (most specific: E11.65, E11.8, E11.9, E11.22)
☐ Reduce MACE risk in adults with T2D and established CVD	18+	E11.x + I25.10, I25.2, I63.x, Z86.73
☐ Reduce risk of eGFR decline, ESKD and CV death in T2D with CKD (injection only)	18+	E11.22 + N18.3x, N18.4

PRIMARY ICD-10-CM CODE(S) SUBMITTED | DATE OF DIAGNOSIS | OTHER RELEVANT DIAGNOSES / COMORBIDITIES

E CLINICAL CRITERIA

complete the block for the indication requested

Type 2 diabetes confirmation (the gate for every payer)

☐ HbA1c ____ % on _____ (≥6.5%) ☐ fasting glucose ____ mg/dL (≥126) ☐ 2-hour OGTT ____ (≥200) ☐ random glucose ≥200 with symptoms ☐ antidiabetic claims history (EmblemHealth: within 130 days)

Baseline A1c ____ (date ____) Most recent A1c ____ (date ____) Not type 1 diabetes ☐

Current and prior antidiabetic agents: ☐ metformin (dose ____; dates ____; ☐ contraindicated/intolerant) ☐ SGLT2 inhibitor ☐ DPP-4 ☐ sulfonylurea ☐ insulin ☐ other _____ (metformin step is not required by CVS FEP, Cigna or Prime in 2026; Medicaid and some plans still ask)

CV and kidney indications (document for completeness; payers apply the T2D criteria)

Established CVD: ☐ prior MI ☐ stroke ☐ revascularization ☐ PAD (dates _____)

CKD: eGFR ____ mL/min/1.73 m2 on _____ UACR ____ mg/g on _____ SGLT2 inhibitor: ☐ current ☐ tried ☐ contraindicated (Optum/Medicaid pathway)

F PRIOR AND CURRENT THERAPIES samples and free goods usually do not count

List current and prior antidiabetic medications with dose, dates and outcome (include metformin status even when the plan does not require it), and any prior GLP-1 with the stop date.

DRUG (CLASS)	DOSE	START	STOP	DURATION	OUTCOME / REASON STOPPED

G SCREENING AND LABS

A1c or glucose labs with dates; eGFR and UACR for the CKD indication.

H PRESCRIBER ATTESTATIONS

- ☐ Prescribed for type 2 diabetes (glycemic control, MACE or CKD risk reduction), not for weight loss, prediabetes or metabolic syndrome without T2D
- ☐ Not combined with another GLP-1 receptor agonist or semaglutide product (Wegovy; Ozempic tablets when requesting the pen)
- ☐ No personal or family history of medullary thyroid carcinoma or MEN 2

I REAUTHORIZATION complete for renewals

Months on therapy ____

A1c within the last 6 months ____ % on _____ (improved or stabilized) Adherence ☐ No dual GLP-1 therapy ☐

J ATTACHMENTS

- ☐ A1c results with dates (baseline and recent)
- ☐ Medication history or fill records
- ☐ eGFR/UACR (CKD indication)
- ☐ Chart notes from the last 6 to 12 months documenting diagnosis, severity and treatment history
- ☐ Pharmacy fill history or records for each prior therapy listed (samples and manufacturer free goods usually do not count)
- ☐ Copy of the pharmacy benefit card (front and back)
- ☐ Letter of medical necessity, if the plan requires one
- ☐ For appeals: the denial letter, quoting the denial reason verbatim in your response

I certify that the information provided is accurate and supported by the patient's medical record, and that the requested medication is medically necessary for this patient.

PRESCRIBER SIGNATURE _____ DATE _____ PRINTED NAME AND CREDENTIALS _____

Ozempic: what plans ask, and what to attach

Snapshot of posted criteria as of September 2026. Confirm the patient's plan; wording changes.

NovoCare (diabetes)
1-844-Novo4Me (1-844-668-6463)
ePA: CoverMyMeds (coverage check pre-populates the PA)

LABELED REGIMENS AND QUANTITY LIMITS

INDICATION	DOSE AND SCHEDULE
Injection	0.25 mg weekly x 4 weeks (initiation), then 0.5 mg; increase to 1 mg then 2 mg after ≥4 weeks each if needed
Tablets	1.5 mg daily days 1 to 30, 4 mg days 31 to 60, then 4 mg or 9 mg; empty stomach with up to 4 oz water, 30-minute wait

Quantity limits: CVS FEP: 3 pens per 84 days (each pen holds 4 weekly doses); tablets 90 per 90 days. Prime: one GLP-1 agent and one strength per 28 days. Write titration prescriptions per strength.

WHAT PLANS ASK

CVS Caremark FEP (5.30.086, July 2026)

T2D confirmed by A1c ≥6.5%, FPG ≥126, OGTT ≥200 or symptomatic random glucose ≥200; no metformin requirement; no dual GLP-1; 12 months; renewal when glycemic control has improved or stabilized. CKD indication injection only.

Express Scripts / Cigna (IP0701, June 2026)

Diagnosis of T2D with documentation (chart notes, labs, claims or prescription receipts); metformin step not required; explicitly not covered for weight loss, prediabetes or metabolic syndrome without T2D; includes Ozempic tablets. 12 months.

Prime Therapeutics (April 2026) and Optum/Medicaid outlier

Prime: T2D confirmed by lab (A1c ≥6.5%), one GLP-1 agent and one strength per 28 days. The Optum guideline used by CareOregon Medicaid still requires metformin plus 3-month trials of two other classes with A1c >7%.

Medicare Part D

Standard covered drug for T2D; PA in about 83% of plans to confirm diagnosis and exclude weight loss. Not a Bridge product; T2D patients are ineligible for the Bridge. Coverage determination 72 hours (24 expedited). Plan-preferred GLP-1s vary; formulary exception if another agent is preferred.

TOP DENIAL REASONS

1. No E11.x diagnosis; chart coded only with obesity, BMI, prediabetes or PCOS codes.
2. A1c missing or below 6.5% without alternative lab confirmation.
3. Dual GLP-1 therapy on claims (Wegovy, Mounjaro, Ozempic tablets).
4. Quantity over limit during titration; write per-strength prescriptions.
5. Assuming the Medicare Bridge covers Ozempic; it does not.

MEDICARE

Plain Part D drug for T2D with near-universal PA confirming the diagnosis. Not in the GLP-1 Bridge; non-diabetic Medicare patients seeking weight loss should be redirected to Wegovy or Zepbound KwikPen through the Bridge. Whether the November 2025 $245 Medicare price applies to Part D T2D fills is not documented on CMS pages.

RECENT CHANGES TO WATCH

Specify dosage form and strength after the Rybelsus-to-Ozempic-tablets rename; the CKD indication is injection only.

MANUFACTURER SUPPORT

Program: NovoCare (diabetes)

Phone: 1-844-Novo4Me (1-844-668-6463)

Electronic PA: CoverMyMeds (coverage check pre-populates the PA)

Novo publishes no Ozempic-specific PA checklist or LMN; build the letter from the T2D confirmation. Self-pay pill $149 to $299 per month; TrumpRx lists Ozempic at $199.

RESOURCES AND SOURCE DOCUMENTS

- NovoCare: start a PA for diabetes (CoverMyMeds workflow)
- Ozempic pill cost and coverage for HCPs (Novo Nordisk)
- Prescribing information, injection (05/2026)
- Prescribing information, tablets (1/2026)
- Cigna / Express Scripts diabetes GLP-1 policy IP0701
- CVS Caremark FEP criteria (Ozempic)
- Prime Therapeutics GLP-1 agonists program summary
- CMS GLP-1 Bridge: information for Part D plans (T2D stays in Part D)