

Gateway Health  
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 for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.