Injectable semaglutide (Ozempic)

Notes:
- Ozempic is covered under the prescription drug benefit for weight loss ONLY for Kaiser Northwest members with coverage for medications used to treat weight loss. Others pay member cash price.
- Contact Pharmacy Services in your home region to confirm your benefits for weight loss medications.
- Quantity Limits: Yes
- ^ Adequate trial is defined as a 3-month treatment duration
- ** Per Kaiser National Clinical Practice Guideline, clinical ASCVD (secondary prevention) includes acute coronary syndrome (ACS), history of myocardial infarction (MI), stable or unstable angina, coronary or other arterial revascularization, ischemic stroke, transient ischemic attack (TIA), or symptomatic peripheral artery disease (PAD), all of atherosclerotic origin
- Subclinical atherosclerosis, such as elevated coronary artery calcium or aortic atherosclerosis, or patients at high risk for ASCVD (primary prevention) are NOT included in the definition of clinical ASCVD

Initiation (new start) criteria: Formulary semaglutide (Ozempic) will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of Type 2 Diabetes Mellitus
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximally tolerated metformin dose or intolerance* or contraindication to metformin (includes both metformin IR and XR)

And meets one of the following categories:

1. Diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD)** AND:
   - Intolerance* or contraindication to an SGLT-2 inhibitor (e.g. Jardiance)
2. Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)
3. Pediatric patient aged 12-19 years

OR
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**Initiation (new start) criteria:** Non-formulary semaglutide (Ozempic) will be covered on the prescription drug benefit for 4 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight
- Diagnosis for chronic weight management
- Patient is 18 years of age or older
- Patient’s current weight and BMI are documented in the encounter in which semaglutide (Ozempic) is ordered
- Patient is currently following a diet and exercise program
- BMI > 30 kg/m² or BMI > 27 kg/m² AND has at least one of the following comorbid conditions documented:
  - Hypertension
  - Diabetes
  - Hyperlipidemia
- Patient has failed an adequate trial to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
  - phentermine
  - diethylpropion
  - phentermine + topiramate or phentermine/topiramate (Qsymia)
  - naltrexone + bupropion or naltrexone/bupropion (Contrave)
  - Plenity

**Criteria for members already taking the medication who have not been reviewed previously (e.g., new members):** Formulary semaglutide (Ozempic) will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of Type 2 Diabetes Mellitus
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximally tolerated metformin dose or intolerance* or contraindication to metformin (includes both metformin IR and XR)

- Meets one of the following categories:
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1. Diagnosis of clinical ASCVD** AND:
   o Intolerance* or contraindication to an SGLT-2 inhibitor (e.g. Jardiance)
2. Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)
3. Pediatric patient age 12-19 years

-OR-

• Patient has a prescription drug insurance benefit that covers medications used to lose weight; AND Patient is using for chronic weight management

**Continued use criteria (4 months after initiation and then every 12 months) when used for chronic weight management:** Non-formulary semaglutide (Ozempic) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

• Patient’s updated weight and BMI are recently documented; AND
• Patient has achieved > 5% weight loss with the past 16 weeks from initiation (reviewed once); OR
  Maintains >5% weight loss thereafter (reviewed every 12 months)