

# CUSTOM PRIOR AUTHORIZATION GUIDELINES

# **SEMAGLUTIDE**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
SEMAGLUTIDE	OZEMPIC,			GPI-10	
	RYBELSUS			(2717007000)	

# **GUIDELINES FOR USE**

#### **CRITERIA**

1. Does the patient have a documented diagnosis of Type 2 Diabetes Mellitus?

If yes, approve the requested drug for 12 months by GPID or GPI-14.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

# **DENIAL TEXT:**

Our guideline named **SEMAGLUTIDE** (**Ozempic**, **Rybelsus**) requires that you have a documented diagnosis of Type 2 Diabetes Mellitus.

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

# **RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ozempic/Rybelsus.

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