



# Focus: US diabetes patients face delays as insurers tighten Ozempic coverage and OTHER 'Weight Loss' Prescriptions

by David Garcia, Co-Chair of CAHIP'S Medicare Committee

Some of you may have heard that carriers are declining coverage of prescriptions listed in their formulary that are typically prescribed for diabetics. One in particular that stands out is Victoza. Carriers are taking a stance during the pre-authorization process to deny the prescription if someone has not been diagnosed 'diabetic'. Most doctors, as mentioned in the article below that was released 12/12/24, are prescribing these drugs to pre-diabetics.

The purpose of this article is to make sure when you are quoting someone that has a prescription list which includes one of these drugs, make sure to mention that you are aware, in writing or verbally, that 1) The carrier will require a prior authorization (In allegations we've received, that is ENOUGH by the carriers standard, to have the allegation not- founded) 2) Extra step that I encourage you to take - That you've been made aware carriers will only approve the prescription they are taking during the authorization process if they have been diagnosed as diabetic.

To be clear, we do not want you to start asking Part D or MAPD applicants what they've been diagnosed with, only provide info to make them aware.

You can find more information in the following articles:

[\*\*Focus: US diabetes patients face delays as insurers tighten Ozempic coverage\*\*](#)

Doctors and patients are bracing for changes in January, when individual health plans often set new coverage terms.

"It may be that January 1, all of a sudden something that was covered is no longer," said Dr. Robert Gabbay, chief science officer at the American Diabetes Association.

[\*\*Medicare Coverage for Off-Label Ozempic to Lose Weight\*\*](#)

Again the issue is this was being prescribed to "pre - diabetics". Now authorizations will be denied as of 2024 if only "pre" as they must be fully diagnosed as Type 2 diabetic.

Here is a sample Compliant email to clients making aware of Prior Authorization of Victoza:

There are only 5 carriers that will cover Victoza. The carriers that will cover it ALL require prior authorization. That means your doctor must submit an authorization for you to fill that prescription. (once you are enrolled and active on the plan) "For certain drugs, you or your provider need to get approval from the plan before we will agree to cover the drug for you. This is called prior authorization. This is put in place to ensure medication safety and help guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan."

<b>Selected Drugs</b>	<b>Tier</b>	<b>Prior Authorization</b>	<b>Quantity Limits</b>
citalopram hydrobromide TAB 40MG	1-Preferred Generic	No	30 every 30 days
levothyroxine sodium (tablets) TAB 150MCG	1-Preferred Generic	No	No
meloxicam TAB 7.5MG	1-Preferred Generic	No	30 every 30 days
metformin hcl TAB 500MG ER	1-Preferred Generic	No	120 every 30 days
omeprazole (delayed release) CAP 20MG	1-Preferred Generic	No	30 every 30 days
ondansetron hydrochloride TAB 4MG	2-Generic	Yes	No
sumatriptan succinate TAB 100MG	2-Generic	No	18 every 28 days
Victoza INJ 18MG/3ML	3-Preferred Brand	Yes	9 every 30 days