



**NOTICE OF CHANGES TO THE FORMULARY (DRUG LIST)**

Beginning July 1, 2023, “Prior Authorization” will be required for this drug:

OZEMPIC.25 OR 0.5 PEN INJCTR SUBCUTANE,  
OZEMPIC 0.25 OR .5 PEN INJCTR SUBCUTANE.,  
OZEMPIC 1/0.75 (3) PEN INJCTR SUBCUTANE.,  
OZEMPIC 2MG/0.75ML PEN INJCTR SUBCUTANE.

This means that for New Starts, the member or prescriber will need to get approval from the plan before we will agree to cover the drug.

Should you have any questions, please contact the Doctors HealthCare Plans Pharmacy Department at 305-422-9300, Option 4.

Thank you.

*Doctors HealthCare Plans, Inc.*