



PROCESS FOR ASSISTANCE WITH OZEMPIC-WHAT YOU NEED TO KNOW

Your provider orders Ozempic

- Your healthcare provider decides that Ozempic is the right medication for you.
- You meet with the MAP team
- MAP (Medication Assistance Program) helps you apply to get your medication at a lower cost.
- Medicaid denial letter is required
- The company that makes Ozempic now requires proof that Medicaid will NOT cover the medication.
- MAP will tell you where to apply for Medicaid OR MAP can send a referral to a Social Worker to help you apply.
- **If you apply for Medicaid online, the denial letter usually comes quickly.**

Refills Under the New Process

- Will I have to go without my medication while waiting? Yes, You cannot receive Ozempic through the program until the Medicaid denial letter is received and your application is approved.
- If I stop taking Ozempic, do I need to restart from the beginning? Yes, once approved, you will restart your Ozempic dosing from the beginning.
- If You Have a Social Security Number (SSN) AND we have some overstock Ozempic, you may receive one box of Ozempic while you are waiting.
- If you have an urgent medical need, MAP may tell your provider to consider an alternative medication like Trulicity.

After You Receive Your Medicaid Denial Letter

- Bring the letter to MAP.
- MAP will resubmit your application to the manufacturer.
- MAP usually receives an approval or denial within 3–5 business days.
- If approved, the medication arrives in about 10–14 business days.
- You can pick up your Ozempic at Carvajal once it arrives.