UTAH MEDICAID PHARMACY PRIOR AUTHORIZATION REQUEST FORM

GLP-1 Medications for Weight Loss (Saxenda, Wegovy, Zepbound)

Member and Medication Information * indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/ Strength:	
• Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.	
*Directions for use:	
Provider Information * indicates required field	
*Requesting Provider Name:	*Requesting Prescriber NPI:
Address:	
*Contact Person:	*Office Phone:
*Office Fax:	*Office Email:
Medically Billed Information * indicates required field for all medically billed products	
*Diagnosis Code:	*HCPCS Code:
*Dosing Frequency:	*HCPCS Units per Dose:
Servicing Provider Name:	NPI:
Servicing Provider Address:	
Facility/Clinic Name:	NPI:
Facility/Clinic Address:	
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at **855-828-4992**, to prevent processing delays.	

- **For treatment of obstructive sleep apnea, please refer to the Zepbound pharmacy prior authorization form**
- **For treatment of major cardiovascular adverse events, please refer to the Wegovy pharmacy prior authorization form**
- **For treatment of Type II Diabetes Mellitus, please refer to Medicaid's Preferred Drug List https://medicaid.utah.gov/pharmacy-program/preferred-drug-list/**

Criteria for Approval: (*All* of the following criteria must be met)

1. Does the patient have a diagnosis of one of the following? (For pediatric patients, please see the additional criteria for Saxenda and Wegovy below) ❑ **Yes** ❑ **No**
   - ☐ Obesity (BMI ≥ 30 kg/m^2)
   - ☐ Overweight (BMI 27-29.9 kg/m^2) and at least one weight-related comorbidity (e.g. hypertension, dyslipidemia, etc) List weight-related comorbidities: _____
2. During the past year, has the patient tried strict lifestyle interventions for at least 6 months including aerobic exercise, resistance training, and reduced-calorie diet prescribed by a registered dietician and **DID NOT** attain at least 5% weight loss from baseline? ***(include consult note from dietician)*** ❑ **Yes** ❑ **No**
   - ☐ List exercises and duration: _____
   - ☐ List reduced-calorie diet and duration: _____
   - ☐ Baseline weight before lifestyle intervention: _____

- ☐ Baseline height before lifestyle intervention:_____
- ☐ Baseline BMI before lifestyle intervention: _____
- ☐ Current weight:_____
- ☐ Current BMI:_____
- ☐ If the patient has not tried lifestyle interventions, provide rationale:
  Rationale: _____

3. Is the patient committed to continue the following lifestyle modifications? ❑ **Yes** ❑ **No**
   - ☐ Participation in nutritional counseling with a registered dietician
   - ☐ Participation in physical activity programs such as aerobic exercise and resistance training
   - ☐ If the patient cannot continue either of the lifestyle modification listed above, provide rationale:
     Rationale: _____
4. Does the provider attest that the patient is **NOT** taking another glucagon-like peptide-1 (GLP-1) receptor agonist or gastric inhibitory peptide (GIP) and GLP-1 receptor agonist medication? ❑ **Yes** ❑ **No**
5. Does the provider attest that the patient has no personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2? ❑ **Yes** ❑ **No**
6. If the patient has reproductive potential, does the provider attest that the patient is **NOT** pregnant? ❑ **Yes** ❑ **No**
7. Does the provider attest that the patient does **NOT** have type 1 or 2 diabetes, obstructive sleep apnea, or major cardiovascular adverse events? ❑ **Yes** ❑ **No**

Additional Criteria for Saxenda:

8. Is the patient 12 years of age or older? ❑ **Yes** ❑ **No**
9. If the patient is under the age of 18, does the patient have BMI ≥ 95th percentile for age and sex? ❑ **Yes** ❑ **No**
10. Does the provider attest to evaluate weight loss as follows and discontinue liraglutide if weight loss is not at the goal? ❑ **Yes** ❑ **No**
    - ☐ Adult patient: weight loss at least 4% from the baseline at week 16
    - ☐ Pediatric patient: weight loss at least 1% from the baseline at week 12

Additional Criteria for Wegovy:

11. Is the patient 12 years of age or older? ❑ **Yes** ❑ **No**
12. If the patient is under the age of 18, does the patient have BMI ≥ 95th percentile for age and sex ? ❑ **Yes** ❑ **No**

Additional Criteria for Zepbound:

13. Is the patient 18 years of age or older? ❑ **Yes** ❑ **No**

Reauthorization Criteria: (*All* of the following criteria must be met)

1. Has the patient lost at least 5% of the weight from the baseline? ❑ **Yes** ❑ **No**
   - ☐ Current body weight: _____
2. Is the patient still being followed by a registered dietician/nutritionist? (***Include updated consultation notes***) ❑ **Yes** ❑ **No**
3. Has the patient been adherent to and is committed to continue the following lifestyle modifications? ❑ **Yes** ❑ **No**
   - ☐ Participation in nutritional counseling with a registered dietician
   - ☐ Participation in physical activity programs such as aerobic exercise and resistance training

☐ If the patient cannot continue either of the lifestyle modification listed above, provide rationale:
Rationale: _____

Additional Reauthorization Criteria for Saxenda:

4. For patients 18 years of age or older, will the patient continue at 3 mg daily? ❑ **Yes** ❑ **No**
5. For patients 12-17 years old, will the patient continue at 2.4 mg or 3 mg daily? ❑ **Yes** ❑ **No**

Additional Reauthorization Criteria for Wegovy:

6. Will the patient continue at least 1.7 mg/week or higher? ❑ **Yes** ❑ **No**

Additional Reauthorization Criteria for Zepbound:

7. Will the patient continue at least 5 mg/week or higher? ❑ **Yes** ❑ **No**

Initial Authorization: Up to six (6) months
Reauthorization: Up to six (6) months

Note:

- In rodents, GLP-1 receptor agonists (GLP-1 RAs) cause thyroid C-cell tumors at clinically relevant exposures. It is unknown whether GLP-1 RAs cause thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as the human relevance of GLP-1 RAs-induced rodent thyroid C-cell tumors has not been determined. GLP-1 RAs are contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk of MTC and symptoms of thyroid tumors.
- The FDA has been evaluating reports of suicidal thoughts or actions in patients treated with glucagon-like peptide-1 receptor agonists (GLP-1 RAs). A preliminary evaluation has not found evidence that the use of these medicines causes suicidal thoughts or actions, but the FDA is continuing to investigate this issue. Patients should not stop taking GLP-1 RAs without consulting their health care provider. Health care providers should monitor and advise patients using GLP-1 RAs to report new or worsening depression, suicidal thoughts, or any unusual changes in mood or behavior.

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

_____ _____

Prescriber's Signature Date