

UTAH MEDICAID PHARMACY PRIOR AUTHORIZATION REQUEST FORM

Zepbound for Obstructive Sleep Apnea (OSA)(tirzepatide)

Member and Medication Information	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/ Strength:	
<input type="checkbox"/> 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:
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.	

Patient Condition	Medications Indicated for Condition	Prior Authorization (PA) Form to submit
Patients with Type 2 Diabetes	*Trulicity, *Victoza , Mounjaro, Ozempic, Bydureon, Byetta, Rybelsus, others (see PDL)	Medication Coverage Exception PA Form
For weight loss, in patients with moderate-severe obstructive sleep apnea (OSA)	Zepbound	Zepbound (tirzepatide) PA Form
For weight loss, in patients with history of major cardiovascular adverse events (MACE)	Wegovy	Wegovy for the prevention of Major Cardiovascular Adverse Events (MACE) (semaglutide) PA Form
For all other weight loss (excluding specific categories above)	Wegovy, Zepbound, Saxenda	GLP-1 Medications for Weight Loss (Saxenda, Wegovy, Zepbound) PA Form
* Preferred GLP-1s on the PDL, prior authorization not required.		

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

1. Is the patient 18 years of age or older? ☐ Yes ☐ No
 2. Is the medication being prescribed by or in consultation with a neurologist, pulmonologist, otolaryngologist, or other sleep medicine specialist? ☐ Yes ☐ No
 3. Does the patient have a diagnosis of moderate-to severe obstructive sleep apnea (OSA) confirmed by an apnea-hypopnea index (AHI) of 15 or higher as determined by an in-lab attended sleep study or polysomnography (PSG)? ☐ Yes ☐ No
- ☐ Baseline AHI score: _____

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4. Does the patient have a body mass index (BMI) of greater than or equal to 30 kg/m²? ☐ Yes ☐ No
☐ BMI: _____
☐ Baseline Body Weight: _____
5. Has the patient been adherent to positive airway pressure (PAP) for at least 70% in the last 6 months and will continue on PAP in combination with tirzepatide, unless intolerant or other rationale is given? ☐ Yes ☐ No
Rationale: _____
6. Does the provider attest that the patient does NOT have any of the following contraindications?: ☐ Yes ☐ No
☐ A personal or family history of medullary thyroid carcinoma
☐ A personal history of multiple endocrine neoplasia syndrome type 2
7. Has the provider verified that the patient does not have type 1 or type 2 diabetes? ☐ Yes ☐ No
8. Will the patient continue on a medically appropriate exercise program and an appropriate calorie restricted diet supervised by a registered dietician? ☐ Yes ☐ No
9. 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

Reauthorization Criteria:

1. Has the patient experienced a decrease in AHI from baseline of at least 20%, or change in OSA severity status to Remission or Mild Non-Symptomatic OSA (defined as AHI < 5 or AHI 5-14 AND Epworth Sleepiness Scale (ESS) ≤ 10)? ☐ Yes ☐ No
2. Has the patient experienced a decrease in body weight from baseline of at least 10%? ☐ Yes ☐ No
3. Has the patient been adherent to positive airway pressure (PAP) for at least 70% in the last 6 months and will continue on PAP in combination with tirzepatide, unless intolerant or other rationale is given? ☐ Yes ☐ No
Rationale: _____

Initial Authorization: Up to 12 months

Reauthorization: Up to 12 months

Notes:

- ❖ In rats, tirzepatide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Zepbound causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of tirzepatide-induced rodent thyroid C-cell tumors has not been determined.
- ❖ Zepbound is 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 for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound.

PROVIDER CERTIFICATION

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

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Prescriber's Signature

Date