Jefferson Health Plans

# MEDICAID / CHIP

***PHARMACY PRIOR AUTHORIZATION REQUEST FORM***

## GLP-1 Agonists - CHIP

**Phone: 866-841-7659** **Fax back to: 866-240-3712**

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

**PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.**

| | | |
|---|---|---|
| Member Name: | Prescriber Name: | |
| Member ID Number: | Fax: | Phone: |
| Date of Birth: | Office Contact: | |
| Member Phone Number: | NPI: | *PA PROMISe ID:* |
| Address: | Address: | |
| City, State ZIP: | City, State ZIP: | |
| Line of Business: ☐ Medicaid ☐ CHIP | *Specialty Pharmacy (if applicable):* | |
| **Drug Name:** | **Strength:** | |
| **Quantity:** | **Refills:** | |
| **Directions:** | | |
| **Diagnosis Code:** | **Diagnosis:** | |

*Jefferson Health Plans' maximum approval time is 12 months but may be less depending on the criteria..*

**Please attach any pertinent medical history including labs and information for this member that may support approval.**

***Please answer the following questions and sign.***

Q1. What is the patient's diagnosis?

☐ For diabetes, go to Q2. ☐ For obesity, go to Q5.

Q2. Is the request for a preferred GLP-1 Receptor Agonist? If YES, go to Q3. If NO, go to Q4

☐ Yes ☐ No

Q3. For a preferred drug for the treatment of diabetes, documentation is attached confirming a diagnosis of diabetes.

☐ Yes ☐ No

Q4. For a non-preferred GLP-1 Receptor Agonist for the treatment of diabetes, the patient meets ALL of the following:

a. Documentation is attached confirming a diagnosis of diabetes,

b. Has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved dose of the preferred GLP-1 Receptor Agonists approved or medically accepted for the beneficiary's diagnosis,

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c. The prescribed GLP-1 Receptor Agonist is approved by the FDA for the treatment of diabetes

☐ Yes ☐ No

Q5. Has the patient been counseled about lifestyle changes and behavioral modification (e.g., healthy diet and increased physical activity)?

☐ Yes ☐ No

Q6. Is the patient age- and weight-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q7. Is the patient prescribed a dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature?

☐ Yes ☐ No

Q8. Does the patient have a contraindication to the prescribed drug?

☐ Yes ☐ No

Q9. Is this an initial request? If YES, go to Q10. If NO, go to Q21.

☐ Yes ☐ No

Q10. Is the patient 18 years of age and older?

If YES, go to Q11. If NO, go to Q13.

☐ Yes ☐ No

Q11. For patients 18 years of age and older for the treatment of obesity, does the patient have a body mass index (BMI) greater than or equal to 30 kg/m2?

If YES, go to Q14. If NO, go to Q12.

☐ Yes ☐ No

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Q12. Does the patient meet BOTH of the following:

a. Has a BMI greater than or equal to 27 kg/m2 and less than 30 kg/m2 OR has been determined by the prescriber to be a candidate for treatment based on degree of adiposity, waist circumference, history of bariatric surgery, BMI exceptions for the beneficiary's ethnicity, etc.

b. Has at least one weight-related comorbidity as determined by the prescriber, such as dyslipidemia, hypertension, type 2 diabetes, prediabetes, cardiovascular disease, obstructive sleep apnea, metabolic syndrome, etc.

If YES, go to Q14.

☐ Yes ☐ No

Q13. For beneficiaries less than 18 years of age for the treatment of obesity, does the patient have a BMI in the 95th percentile or greater standardized for age and sex based on current Centers for Disease Control and Prevention charts?

☐ Yes ☐ No

Q14. What drug is being requested?

☐ A preferred GLP-1 Receptor Agonist
☐ Wegovy (semaglutide) 2.4 mg injection - Go to Q15.
☐ All other strengths of Wegovy (semaglutide) injection - Go to Q16.
☐ Mounjaro (tirzepatide) injection - Go to Q17.
☐ Zepbound (tirzepatide) injection - Go to Q18.
☐ Wegovy tablet - Go to Q19.
☐ All other non-preferred GLP-1 Receptor Agonists - Go to Q20.

Q15. For Wegovy (semaglutide) 2.4 mg injection for non-diabetes indication, does the patient meet ONE of the following:

a. Dose titration to semaglutide 2 mg has been completed AND a medical reason has been provided to support the need for the 2.4 mg dose

b. The member has a history of therapeutic failure of the maximum FDA-approved dose of Ozempic (semaglutide) injection

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☐ Yes ☐ No

Q16. For all other strengths of Wegovy (semaglutide) injection for non-diabetes indication, the patient has a history of therapeutic failure of Ozempic (semaglutide) that would not be expected to occur with the requested drug.

☐ Yes ☐ No

Q17. For Mounjaro (tirzepatide) injection for non-diabetes indication, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection and Wegovy injection (semaglutide).

☐ Yes ☐ No

Q18. For Zepbound (tirzepatide) injection for non-diabetes indication, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Wegovy (semaglutide) injection, and Mounjaro (tirzepatide) injection that would not be expected to occur with the requested drug.

☐ Yes ☐ No

Q19. For Wegovy tablet for non-diabetes indication, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Wegovy injection (semaglutide), Mounjaro (tirzepatide) injection, and Zepbound (tirzepatide) injection that would not be expected to occur with the requested drug.

☐ Yes ☐ No

Q20. For all other non-preferred GLP-1 Receptor Agonists, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Wegovy (semaglutide) injection, Mounjaro (tirzepatide) injection, Zepbound (tirzepatide) injection that would not be expected to occur with the requested drug.

☐ Yes ☐ No

Q21. For the treatment of obesity, does the patient meet ONE of the following:

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a. For beneficiaries 18 years of age and older for the treatment of obesity, the member experienced a percent reduction of baseline body weight that is consistent with the recommended cutoff in FDA-approved package labeling, peer-reviewed medical literature, or consensus treatment guidelines after three months of therapy with the maximum recommended/tolerated dose;

b. For beneficiaries less than 18 years of age for the treatment of obesity, experienced a percent reduction of baseline BMI or BMI z-score that is consistent with the recommended cutoff in FDA-approved package labeling, peer-reviewed medical literature, or consensus treatment guidelines after three months of therapy with the maximum recommended/tolerated dose;

c. Experienced improvement in degree of adiposity or waist circumference from baseline;

d. Experienced clinical benefit from the Obesity Treatment Agent in at least one weight-related comorbidity from baseline as determined by the prescriber, such as dyslipidemia, hypertension, type 2 diabetes, prediabetes, cardiovascular disease, obstructive sleep apnea, metabolic syndrome, etc.

☐ Yes ☐ No

Q22. What drug is being requested?

- ☐ A preferred GLP-1 Receptor Agonist - Go to Q23.
- ☐ Wegovy (semaglutide) 2.4 mg injection - Go to Q25.
- ☐ All other strengths of Wegovy (semaglutide) injection - Go to Q26.
- ☐ Mounjaro (tirzepatide) injection - Go to Q27.
- ☐ Zepbound (tirzepatide) injection - Go to Q28.
- ☐ Wegovy tablet - Go to Q29.
- ☐ All other non-preferred GLP-1 Receptor Agonists - Go to Q30.

Q23. Is the request for a change from one preferred agent to a different preferred agent?

☐ Yes ☐ No

Q24. Is there an appropriate clinical rationale for the change in therapy?

☐ Yes ☐ No

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Q25. For Wegovy (semaglutide) 2.4 mg injection for non-diabetes indication, the patient meets ONE of the following:

a. Dose titration to semaglutide 2 mg has been completed AND a medical reason has been provided to support the need for the 2.4 mg dose;

b. The patient has a history of therapeutic failure of the maximum FDA-approved dose of Ozempic (semaglutide) injection

☐ Yes ☐ No

Q26. For all other strengths of Wegovy (semaglutide) injection for non-diabetes indication, the patient has a history of therapeutic failure of Ozempic (semaglutide) that would not be expected to occur with the requested drug.

☐ Yes ☐ No

Q27. For Mounjaro (tirzepatide) injection for non-diabetes indication, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection and Wegovy injection (semaglutide).

☐ Yes ☐ No

Q28. For Zepbound (tirzepatide) injection for non-diabetes indication, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Wegovy (semaglutide) injection, and Mounjaro (tirzepatide) injection that would not be expected to occur with the requested drug.

☐ Yes ☐ No

Q29. For Wegovy tablet for non-diabetes indication, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Wegovy injection (semaglutide), Mounjaro (tirzepatide) injection, and Zepbound (tirzepatide) injection that would not be expected to occur with the requested drug.

☐ Yes ☐ No

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Q30. For all other non-preferred GLP-1 Receptor Agonists, the patient has a history of therapeutic failure of or a contraindication or an intolerance to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Wegovy (semaglutide) injection, Mounjaro (tirzepatide) injection, and Zepbound (tirzepatide) injection that would not be expected to occur with the requested drug.

☐ Yes ☐ No

Q31. Additional Information:

Prescriber Signature

Date

*v2026-06*