

**HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS**

**PRIOR AUTHORIZATION FORM** (form effective 9/2/2024)

Prior authorization guidelines for **Hypoglycemics, Incretin Mimetics/Enhancers** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.html>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	total # of pgs: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

**CLINICAL INFORMATION**

Drug requested:	Strength:	Dosage form:	
Dose/directions:		Quantity:	Refills:
Diagnosis ( <i>submit documentation</i> ):		DX code ( <i>required</i> ):	

**Complete all sections that apply to the beneficiary and this request.**

***Check all that apply and submit documentation for each item.***

**INITIAL requests**

- For requests for SYMLIN (pramlintide), submit chart documentation supporting the use of Symlin.**
- For a NON-PREFERRED DPP-4 INHIBITOR:**
  - Tried and failed or has a contraindication or an intolerance to the preferred Hypoglycemics, Incretin Mimetics/Enhancers DPP-4 INHIBITORS that are approved or medically accepted for the beneficiary's diagnosis or indication (*Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Hypoglycemics, Incretin Mimetics/Enhancers DPP-4 inhibitors.*)
- For a Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 RECEPTOR AGONIST:**
  - The beneficiary is being treated for or has a diagnosis of DIABETES
  - The beneficiary is being treated for OVERWEIGHT or OBESITY and:
    - Attestation from the prescriber:**
      - The beneficiary was counseled about lifestyle changes and behavior modifications such as a healthy diet and increased physical activity
    - The beneficiary is 18 years of age or older and:**
      - Pre-treatment weight: \_\_\_\_\_ Pre-treatment BMI: \_\_\_\_\_
      - Has a BMI greater than or equal to 30 kg/m<sup>2</sup>

Has a BMI greater than or equal 27 kg/m<sup>2</sup> and less than 30 kg/m<sup>2</sup> AND at least one of the following weight-related comorbidities:

- |   |  |
|---|--|
| <input type="checkbox"/> cardiovascular disease | <input type="checkbox"/> obstructive sleep apnea |
| <input type="checkbox"/> dyslipidemia           | <input type="checkbox"/> prediabetes             |
| <input type="checkbox"/> hypertension           | <input type="checkbox"/> type 2 diabetes         |
| <input type="checkbox"/> metabolic syndrome     | <input type="checkbox"/> other (list): _____     |

Is a candidate for treatment based on degree of adiposity, waist circumference, history of bariatric surgery, BMI exceptions for beneficiary's ethnicity, etc. AND has at least one of the following weight-related comorbidities:

- |   |  |
|---|--|
| <input type="checkbox"/> cardiovascular disease | <input type="checkbox"/> obstructive sleep apnea |
| <input type="checkbox"/> dyslipidemia           | <input type="checkbox"/> prediabetes             |
| <input type="checkbox"/> hypertension           | <input type="checkbox"/> type 2 diabetes         |
| <input type="checkbox"/> metabolic syndrome     | <input type="checkbox"/> other (list): _____     |

**The beneficiary is less than 18 years of age and:**

Pre-treatment BMI: \_\_\_\_\_ Pre-treatment BMI z-score: \_\_\_\_\_

Has a BMI in the 95<sup>th</sup> percentile or greater standardized for age and sex based on current CDC charts

**For a NON-PREFERRED Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 RECEPTOR AGONIST** (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Hypoglycemics, Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist.):

**For the treatment of OVERWEIGHT OR OBESITY:**

Has a history of trial and failure of or a contraindication or an intolerance to the preferred Hypoglycemics, Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:

- Ozempic
- Trulicity
- Victoza

Has a history of trial and failure of or a contraindication or an intolerance to the preferred Obesity Treatment Agents containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:

- Saxenda
- Wegovy
- Zepbound

**For the treatment of ALL OTHER diagnoses:**

Has a history of trial and failure of or a contraindication or an intolerance to the preferred Hypoglycemics, Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:

- Ozempic
- Trulicity
- Victoza

**RENEWAL requests**

**For a Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 RECEPTOR AGONIST for the treatment of OBESITY:**

**The beneficiary is 18 years of age or older:**

Pre-treatment weight: \_\_\_\_\_ Current weight: \_\_\_\_\_

**The beneficiary is less than 18 years of age:**

Pre-treatment BMI: \_\_\_\_\_ Current BMI: \_\_\_\_\_

Pre-treatment BMI z-score: \_\_\_\_\_ Current BMI z-score: \_\_\_\_\_

At least **one** of the following:

- The dose of the requested medication is currently being titrated
- The beneficiary experienced a percent reduction in body weight (for beneficiaries 18 years of age or older) or BMI or BMI z-score (for beneficiaries less than 18 years of age) that is consistent with the recommended cutoff in the FDA-approved package labeling, peer-reviewed medical literature, or consensus treatment guidelines after 3 months of therapy with the maximum recommended/tolerated dose
- The beneficiary experienced an improvement in degree of adiposity or waist circumference from baseline
- The beneficiary experienced clinical benefit with the requested medication in at least one weight-related comorbidity from baseline, such as dyslipidemia, hypertension, type 2 diabetes, cardiovascular disease, obstructive sleep apnea, metabolic syndrome, etc.

**Attestation from the prescriber:**

- The beneficiary was counseled about lifestyle changes and behavior modifications such as a healthy diet and increased physical activity

**Request is for a NON-PREFERRED Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 RECEPTOR AGONIST** (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.):

- Has a history of trial and failure of or a contraindication or an intolerance to the preferred Hypoglycemics, Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:
  - Ozempic
  - Trulicity
  - Victoza
- Has a history of trial and failure of or a contraindication or an intolerance to the preferred Obesity Treatment Agents containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:
  - Saxenda
  - Wegovy
  - Zepbound

**The beneficiary is being treated for a diagnosis OTHER THAN OVERWEIGHT OR OBESITY or the request is for a DPP-4 INHIBITOR or SYMLIN (pramlintide).**

**PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO 866-240-3712**

**Prescriber Signature:**

**Date:**

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