



GLP-1 RECEPTOR AGONISTS PRIOR AUTHORIZATION FORM (form effective 1/1/2026)

FAX this completed form to (844) 205-3386

OR Mail requests to: Pharmacy Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720

OR Prior authorization may be completed at <https://www.covermymeds.com/main/prior-authorization-forms/>

Prior authorization guidelines for **GLP-1 Receptor Agonists** and **Quantity Limits/Daily Dose Limits** are available on the PA Health & Wellness website at <https://www.pahealthwellness.com/providers/pharmacy.html>.

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

CLINICAL INFORMATION

Drug requested:	Strength:	
Directions:	Quantity:	Refills:
Diagnosis (submit documentation):	Dx code (<u>required</u>):	

Complete all sections that apply to the member and this request.

Check all that apply and submit documentation for each item.

INITIAL requests

NOTE: GLP-1 Receptor Agonists are not covered for the treatment of overweight or obesity. GLP-1 Receptor Agonists are covered for the treatment of diagnoses that are indicated in the FDA-approved package labeling or other medically accepted indications excluding treatment of overweight or obesity. Saxenda (liraglutide) will no longer be covered for any indication.

FOR THE TREATMENT OF DIABETES:

1. For a PREFERRED GLP-1 Receptor Agonist for the treatment of diabetes, submit documentation of the member's diagnosis.
2. For a NON-PREFERRED GLP-1 Receptor Agonist for the treatment of diabetes:
 Has tried and failed or has a contraindication or an intolerance to the preferred GLP-1 Receptor Agonists

FOR ALL OTHER DIAGNOSES EXCEPT DIABETES:

1. For the treatment of moderate to severe OBSTRUCTIVE SLEEP APNEA (OSA), all of the following:

- Has a recent BMI greater than or equal to 35 kg/m²
- Has a diagnosis of moderate to severe OSA confirmed within the last two years
- Has excessive daytime sleepiness or reduced sleep-related quality of life
- Is adherent to positive airway pressure (PAP) treatment or is currently using or is intolerant to an oral appliance for OSA
- Had a recent six-month trial of and plan to continue lifestyle changes and behavioral modifications (e.g., healthy diet and increased physical activity) OR a medical reason why immediate treatment is necessary

2. For the reduction in risk of MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE), all of the following:

- Has a recent BMI greater than or equal to 27 kg/m²
- Has established cardiovascular disease (e.g., history of MI, stroke, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease or has intermittent claudication with an ABI <0.85 at rest)
- Is receiving optimized pharmacotherapy for established cardiovascular disease based on current consensus guidelines
- The requested GLP-1 Receptor Agonist will be used in combination with lifestyle changes and behavioral modifications

3. For the treatment of NONCIRRHOTIC METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH), all of the following:

- Has a diagnosis of MASH with moderate to advanced liver fibrosis (consistent with stage F2 or F3 fibrosis)
- Does not have significant alcohol use or alcohol dependence
- Is receiving optimized pharmacotherapy for established comorbid diseases based on current consensus guidelines
- If currently taking Rezdiffra (resmetirom) with a plan to add concomitant therapy with a GLP-1 Receptor Agonist, failed to show improvement in liver fibrosis after a trial of Rezdiffra (resmetirom) for greater than or equal to 12 months
- The requested GLP-1 Receptor Agonist will be used in combination with lifestyle changes and behavioral modifications

4. For a NON-PREFERRED GLP-1 Receptor Agonist for a diagnosis other than diabetes, indicate which GLP-1 Receptor Agonists have been tried or cannot be tried: Mounjaro (tirzepatide) Ozempic (semaglutide) Wegovy (semaglutide)

RENEWAL requests

FOR THE TREATMENT OF DIABETES:

1. For a PREFERRED GLP-1 Receptor Agonist for the treatment of diabetes, submit documentation of member's diagnosis.
2. For a NON-PREFERRED GLP-1 Receptor Agonist for the treatment of diabetes:
 - Has tried and failed or has a contraindication or an intolerance to the preferred GLP-1 Receptor Agonists

FOR ALL DIAGNOSES EXCEPT DIABETES:

1. For the reduction in risk of MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE):
 - Is receiving optimized pharmacotherapy for established cardiovascular disease based on current consensus guidelines
2. For the treatment of NONCIRRHOTIC METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH), all of the following:
 - Does not have significant alcohol use OR alcohol dependence
 - Is receiving optimized pharmacotherapy for established comorbid diseases based on current consensus guidelines
 - If the member has been using the GLP-1 Receptor Agonist for greater than or equal to one year, experienced at least one of the following:
 - Resolution of steatohepatitis AND improvement or no worsening of liver fibrosis
 - Improvement of liver fibrosis AND no worsening of steatohepatitis
3. For the treatment of moderate to severe OBSTRUCTIVE SLEEP APNEA (OSA), all of the following:
 - One of the following:
 - Has been using the GLP-1 Receptor Agonist for LESS THAN SIX MONTHS and:

- Has documentation of lifestyle changes and behavioral modifications (e.g., healthy diet and increased physical activity)
- Has been using the GLP-1 Receptor Agonist for SIX MONTHS OR LONGER and one of the following:
 - If initial dose titration has been completed and the member has been using the GLP-1 Receptor Agonist for at least three consecutive months at the maximum tolerated dose, has 5% total body weight loss and documentation of dietary changes
 - If initial dose titration has not been completed and/or the member has been using the GLP-1 Receptor Agonist for less than three consecutive months at the maximum tolerated dose, has documentation of dietary changes
- One of the following:
 - Is currently using and has documented adherence to positive airway pressure (PAP) unless PAP is no longer recommended
 - Has a medical reason why PAP cannot be used or is still intolerant to PAP despite troubleshooting strategies and is using or is intolerant to an oral appliance for OSA
- Has been using the GLP-1 Receptor Agonist for ONE YEAR OR LONGER and:
 - Has documentation of improvement in OSA symptoms since starting the requested drug (e.g., decreased AHI, improvement in daytime sleepiness)

4. For ALL INDICATIONS other than diabetes:

- Is continuing lifestyle changes and behavioral modification (e.g., healthy diet and increased physical activity)

5. For a NON-PREFERRED GLP-1 Receptor Agonist for a diagnosis other than diabetes, indicate which GLP-1 Receptor Agonists have been tried or cannot be tried: Mounjaro (tirzepatide) Ozempic (semaglutide) Wegovy (semaglutide)

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO 844-205-3386

Prescriber Signature:	Date:
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Pharmacy Department will respond via fax or phone within 24 hours.

Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)