Pharmacy PA Call Center: 1-800-310-6826
Fax this form to 1-866-940-7328

GLP-1 RECEPTOR AGONISTS PRIOR AUTHORIZATION FORM *(form effective 3/2/2026)*

Prior authorization guidelines for **GLP-1 Receptor Agonists** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.

☐New request ☐Renewal request	# of pages: _____	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:	
Directions:	Quantity:	Refills:
Diagnosis *(submit documentation)*:	Dx code (*required*):	

Complete all sections that apply to the beneficiary 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 beneficiary'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/m^2

- ☐ Has a diagnosis of moderate to severe OSA
- ☐ 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), <u>all</u> of the following:

- ☐ Has a recent BMI greater than or equal to 27 kg/m^2
- ☐ 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), <u>all</u> 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:

- ☐ Ozempic (semaglutide) injection
- ☐ Wegovy (semaglutide) injection
- ☐ Mounjaro (tirzepatide) injection
- ☐ Zepbound (tirzepatide) injection

RENEWAL requests

FOR THE TREATMENT OF DIABETES:

1. For a PREFERRED GLP-1 Receptor Agonist for the treatment of diabetes, submit documentation of beneficiary'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), <u>all</u> 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 beneficiary has been using the GLP-1 Receptor Agonist for greater than or equal to one year, experienced at least <u>one</u> 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 beneficiary 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 beneficiary 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:

☐ Ozempic (semaglutide) injection
☐ Wegovy (semaglutide) injection
☐ Mounjaro (tirzepatide) injection
☐ Zepbound (tirzepatide) injection

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	**Date**: