

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

1. **For requests for SYMLIN (pramlintide)**, submit chart documentation supporting the use of Symlin.
2. **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.*)
3. **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/m²

Has a BMI greater than or equal 27 kg/m² and less than 30 kg/m² AND at least one of the following weight-related comorbidities:

cardiovascular disease

obstructive sleep apnea

dyslipidemia

prediabetes

hypertension

type 2 diabetes

metabolic syndrome

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:

cardiovascular disease

obstructive sleep apnea

dyslipidemia

prediabetes

hypertension

type 2 diabetes

metabolic syndrome

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 95th 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 DHS – PHARMACY DIVISION

Prescriber Signature:

Date:

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