

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

Fax to PerformRx<sup>SM</sup> at **1-888-981-5202**, or to speak to a representative call **1-866-610-2774**.

<b>PRIOR AUTHORIZATION REQUEST INFORMATION</b>		
<input type="checkbox"/> New request <input type="checkbox"/> Renewal request	Total # of pages:	
Name of office contact:		Contact's phone number:
		LTC facility contact/phone:
<b>BENEFICIARY INFORMATION</b>		
Beneficiary name:		Beneficiary ID #:
DOB:		
<b>PRESCRIBER INFORMATION</b>		
Prescriber name:		
Specialty:		NPI:
State license #:		
Street address:		
City/state/zip:		
Phone:		Fax:
<b>CLINICAL INFORMATION</b>		
Drug requested:		Strength:
Directions:		Quantity:    Refills:
Diagnosis ( <i>submit documentation</i> ):		DX code ( <i>required</i> ):
<p style="text-align: center;"><b>Complete all sections that apply to the beneficiary and this request.</b>  <b>Check all that apply and <u>submit documentation</u> for each item.</b></p>		
<b>INITIAL REQUESTS</b>		
<p><b>NOTE:</b> 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.</p>		
<b>FOR THE TREATMENT OF DIABETES:</b>		
<ol style="list-style-type: none"> <li><b>For a PREFERRED GLP-1 Receptor Agonist for the treatment of diabetes, submit documentation of the beneficiary's diagnosis.</b></li> <li><b>For a NON-PREFERRED GLP-1 Receptor Agonist for the treatment of diabetes:</b>  <input type="checkbox"/> Has tried and failed or has a contraindication or an intolerance to the preferred GLP-1 Receptor Agonists</li> </ol>		
<b>FOR ALL OTHER DIAGNOSES EXCEPT DIABETES:</b>		
<ol style="list-style-type: none"> <li><b>For the treatment of moderate to severe OBSTRUCTIVE SLEEP APNEA (OSA), all of the following:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has a recent BMI greater than or equal to 35 kg/m<sup>2</sup></li> <li><input type="checkbox"/> Has a diagnosis of moderate to severe OSA confirmed within the last two years</li> <li><input type="checkbox"/> Has excessive daytime sleepiness or reduced sleep-related quality of life</li> <li><input type="checkbox"/> Is adherent to positive airway pressure (PAP) treatment or is currently using or is intolerant to an oral appliance for OSA</li> <li><input type="checkbox"/> 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</li> </ul> </li> <li><b>For the reduction in risk of MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE), all of the following:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has a recent BMI greater than or equal to 27 kg/m<sup>2</sup></li> <li><input type="checkbox"/> 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 &lt;0.85 at rest)</li> <li><input type="checkbox"/> Is receiving optimized pharmacotherapy for established cardiovascular disease based on current consensus guidelines</li> <li><input type="checkbox"/> The requested GLP-1 Receptor Agonist will be used in combination with lifestyle changes and behavioral modifications</li> </ul> </li> <li><b>For the treatment of NONCIRRHTIC METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH), all of the following:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Has a diagnosis of MASH with moderate to advanced liver fibrosis (consistent with stage F2 or F3 fibrosis)</li> <li><input type="checkbox"/> Does not have significant alcohol use or alcohol dependence</li> <li><input type="checkbox"/> Is receiving optimized pharmacotherapy for established comorbid diseases based on current consensus guidelines</li> <li><input type="checkbox"/> If currently taking Rezdiffra (resmetrirom) 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 (resmetrirom) for greater than or equal to 12 months</li> <li><input type="checkbox"/> The requested GLP-1 Receptor Agonist will be used in combination with lifestyle changes and behavioral modifications</li> </ul> </li> <li><b>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:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mounjaro (tirzepatide)    <input type="checkbox"/> Ozempic (semaglutide)    <input type="checkbox"/> Wegovy (semaglutide)</li> </ul> </li> </ol>		

**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 OTHER DIAGNOSES EXCEPT DIABETES:**

1. **For the reduction in risk of MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE), both of the following:**
 Is receiving optimized pharmacotherapy for established cardiovascular disease based on current consensus guidelines
2. **For the treatment of NONCIRRHTIC 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 beneficiary 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 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:**
 Mounjaro (tirzepatide)    Ozempic (semaglutide)    Wegovy (semaglutide)

**PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION**

Prescriber signature:

Date:

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