



## 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 Geisinger Health Plan's website at

<https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger>

<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:	
Beneficiary address:			Beneficiary phone number:	

### CLINICAL INFORMATION

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

**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/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:
  - 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 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 submit to PromptPA <https://ghp.promptpa.com> OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

Prescriber Signature:

Date:

**Confidentiality Notice:** The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.