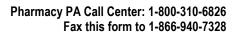




OBESITY TREATMENT AGENTS PRIOR AUTHORIZATION FORM (form effective 9/2/2024)

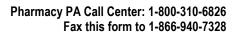
Prior authorization guidelines for **Obesity Treatment Agents** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services.html.

□New request □Renewal request	# of pages:	Prescriber name:				
Name of office contact:		Specialty:				
Contact's phone number:		NPI:	State lic	ense #:		
LTC facility contact/phone:		Street address:				
Beneficiary name:		City/state/zip:				
Beneficiary ID#:	DOB:	Phone:	Fax:			
	CLINIC	CAL INFORMATION				
Drug requested:						
Strength & package size/quantity/refills:						
Additional strengths / quantity for each / refills for each to allow for dose titration:						
Directions:						
Diagnosis (submit documentation):		Dx code (required):			
Does the beneficiary have any contraindications to the requested medication?			□Yes □No	Submit documentation.		
ATTESTATION from the prescriber: Was beneficiary recently counseled about lifestyle changes and behavior modifications such as a healthy diet and increased physical activity?			□Yes	□No		
Complete all sections that apply to the beneficiary and this request.						
Check all that apply and <u>submit documentation</u> for each item. INITIAL requests						
1. The beneficiary is 18 years of ag		•				
Pre-treatment weight: ☐Has a BMI greater than or o		Pre-treatment BMI:				





	☐ 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):						
2.	The beneficiary is <u>less than 18 years of age</u> and:						
	Pre-treatment BMI: Pre-treatment BMI z-score:						
	Has a BMI in the 95 th percentile or greater standardized for age and sex based on current CDC charts						
3.	Request is for EVEKEO (amphetamine) ODT/tablet:						
	Was assessed for potential risk of misuse, abuse, and/or addiction based on family and social history						
	Was educated regarding the potential adverse effects of stimulants, including the risk of misuse, abuse, and addiction						
	Has a history of trial and failure of or a contraindication or an intolerance to all other Obesity Treatment Agents (preferred and non-preferred)						
	Has prescriber documentation explaining why Evekeo (amphetamine) is needed and a plan for tapering						
	For a beneficiary with a history of substance dependency, abuse, or diversion:						
	Has results of a recent UDS for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone,						
	fentanyl, and tramadol) that is consistent with prescribed controlled substances						
4.	Request is for a PREFERRED Obesity Treatment Agent containing a GLP-1 RECEPTOR AGONIST (eg, Saxenda, Wegovy,						
	Zepbound) (Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.):						
	☐ Has a concurrent diagnosis of diabetes mellitus OR has taken an antidiabetic drug in the last 120 days and:						
	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:						
	Ozempic						
	☐ Trulicity						
	Victoza						
	Does NOT have diabetes mellitus and has NOT taken an antidiabetic drug in the past 120 days						
5.	Request is for a NON-PREFERRED Obesity Treatment Agent 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 Obesity Treatment Agents containing a						
	GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:						
	Saxenda						
	☐ Wegovy						
	Zepbound						
	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					
6.	GLP-1 receptor agonist) (Refer to https://papdl.com/preferred- That a history of trial and failure of or a contraindication medically accepted for the beneficiary's diagnosis or incomphentermine capsule or tablet Saxenda	□Wegovy □Zepbound				
1		VAL requests				
1.	For a beneficiary is 18 years of age or older: Pre-treatment weight:	Current weight:				
2.	For a beneficiary is <u>less than 18 years of age</u> :	ourront weight.				
	Pre-treatment BMI:	Current BMI:				
	Pre-treatment BMI z-score:					
3.	3. All requests: 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.					
4.	4. Request is for Evekeo (amphetamine) ODT/tablet: Has prescriber documentation explaining why Evekeo (amphetamine) is needed and a plan for tapering (submit documentation) For a beneficiary with a history of substance dependency, abuse, or diversion: Has results of a recent UDS for licit & illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with prescribed controlled substances					
5.	5. Request is for a NON-PREFERRED Obesity Treatment Agent 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 Obesity Treatment Agents containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis: Saxenda Wegovy Zepbound 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					



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

	☐Victoza					
6.	Request is for ANY OTHER NON-PREFERRED Obesity Treatment Agent (ie, NOT Evekeo [amphetamine] or a drug 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 Obesity Treatment Agents approved or medically accepted for the beneficiary's diagnosis or indication: phentermine capsule or tablet Wegovy Saxenda Zepbound					
PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS - PHARMACY DIVISION						
Pres	scriber Signature:		Date:			

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