

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

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>.

<input type="checkbox"/> New request <input type="checkbox"/> 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 <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

**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:

- For a **PREFERRED** GLP-1 Receptor Agonist for the treatment of diabetes, submit documentation of the beneficiary's diagnosis.
- 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:

- 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<sup>2</sup>
- ☐ Has a diagnosis of moderate to severe OSA confirmed within the last two years
- ☐ 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), all of the following:**

- ☐ Has a recent BMI greater than or equal to 27 kg/m<sup>2</sup>
- ☐ 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), all 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:** ☐ Mounjaro (tirzepatide) ☐ Ozempic (semaglutide) ☐ Wegovy (semaglutide)

**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), 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 TO DHS – PHARMACY DIVISION**

**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.