



**Request for Prior Authorization  
Incretin Mimetics for Non-Diabetes**

**Indications**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

- iii. Maintenance dosages other than 10 mg to 15 mg once weekly will not be approved for maintenance treatment; and
- 5. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
- 6. The requested agent will not be used in combination with other incretin mimetics.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Requests will be considered for initiation and appropriate dosage escalation. Requests for continuation of therapy, once at an established maintenance dose, will be considered when:

- 1. The requested drug will be used to reduce the risk of MACE; and
  - a. Patient has been evaluated for cardiovascular standard of care treatment; and
  - b. For Wegovy, a maintenance dose of 1.7 mg or 2.4 mg weekly is requested; or
- 2. The requested drug will be used to treat moderate to severe OSA; and
  - a. Documentation of a positive response to therapy is provided; and
  - b. The maintenance dose is requested and maintained (Zepbound 10 mg to 15 mg once weekly); and
- 3. Patient does not have type 1 or type 2 diabetes; and
- 4. Patient continues to use medication in combination with a reduced calorie diet and increased physical activity; and
- 5. The requested agent will not be used in combination with other incretin mimetics.

**Preferred**

Zepbound

**Strength**

\_\_\_\_\_

**Non-Preferred**

Wegovy

**Usage Instructions**

\_\_\_\_\_

**Quantity**

\_\_\_\_\_

**Day's Supply**

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Initial Requests:**

**Does patient have Type 1 or Type 2 Diabetes (attach lab results documenting current A1C or fasting plasma glucose)?**  Yes  No

**Will patient be using medication in combination with a reduced calorie diet and increased physical activity?**  Yes  No

**Will the requested agent be used in combination with other incretin mimetics?**  Yes  No

**Requests for Wegovy:**

**Patient has established CVD documented by one of the following (attach chart notes documenting diagnosis):**

Prior myocardial infarction

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- Prior stroke (ischemic or hemorrhagic)
- Symptomatic PAD, as evidenced by:
  - Intermittent claudication with ABI less than 0.85 (at rest), or
  - Peripheral arterial revascularization procedure, or
  - Amputation due to atherosclerotic disease

Provide patient's baseline BMI: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Has patient been evaluated for cardiovascular standard of care treatment?  Yes  No

**Requests for Zepbound:**

Provide patient's baseline BMI: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

**Does patient have a recent (within prior three years) apnea/hypopnea index (AHI)  $\geq$  15 events per hour, as documented by a PSG or at-home sleep study?**

Yes Document AHI: \_\_\_\_\_  No

**Renewal Requests:**

Does patient have Type 1 or Type 2 Diabetes (attach lab results documenting current A1C or fasting plasma glucose)?  Yes  No

Patient continues to use medication in combination with a reduced calorie diet and increased physical activity?  Yes  No

Will the requested agent be used in combination with other incretin mimetics?  Yes  No

**Wegovy:**

Has patient been evaluated for cardiovascular standard of care treatment?  Yes  No

**Zepbound:**

Document positive response to therapy: \_\_\_\_\_

***Attach lab results and other documentation as necessary.***

Prescriber signature (Must match prescriber listed above.)	Date of submission
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***IMPORTANT NOTE:*** In evaluating requests for prior authorization, the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary, by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.