Jefferson Health Plans

***PRIOR AUTHORIZATION REQUEST FORM***
Individual and Family Plans

# Wegovy

**Fax back to: (833) 605-4407**
Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

**PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.**

| **Patient Name:** | **Prescriber Name:** |
|---|---|
| Member Number: | Fax: Phone: |
| Date of Birth: | Office Contact: |
| Line of Business: □ Exchange - PA | NPI: State Lic ID: |
| Address: | Address: |
| City, State ZIP: | City, State ZIP: |
| Primary Phone: | **Specialty/facility name (if applicable):** |

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

| | |
|---|---|
| Drug Name: | |
| Strength: | |
| Directions / SIG: | |

**Please attach any pertinent medical history including labs and information for this member that may support approval.**
**Please answer the following questions and sign.**

Q1. Is the drug requested being used for weight loss ONLY?

☐ Yes ☐ No

Q2. Is the patient prescribed a dose and duration of therapy consistent with the FDA approved package labeling?

☐ Yes ☐ No

Q3. Will the patient follow a reduced-calorie diet and increased physical activity plan?

☐ Yes ☐ No

Q4. For a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), does the patient have any of the following?

☐ Hepatic decompensation or a Model for End-Stage Liver Disease (MELD) score of more than 12 points at screening

☐ Significant alcohol consumption (> 20 grams of alcohol per day for women and > 30 grams for men)

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☐ An aspartate aminotransferase (AST) or alanine aminotransferase (ALT) level of more than 5 times the upper limit of the normal range at screening

☐ An estimated glomerular filtration rate (eGFR) of less than 30ml/min/1.73 m2

☐ Presence or history of hepatocellular carcinoma (HCC)

☐ History of acute pancreatitis

☐ Chronic liver diseases other than metabolic dysfunction–associated steatotic liver disease (MASLD) (e.g., primary biliary cholangitis, primary sclerosing cholangitis, Hepatitis B positive, Active Hepatitis C, etc.)

Q5. Is the medication prescribed by or in consultation with a hepatologist or gastroenterologist?

☐ Yes ☐ No

Q6. Is the request for renewal?

☐ Yes - Go to 7 ☐ No - Go to 13

Q7. Is the patient adherent to Wegovy based on claims history?

☐ Yes ☐ No

Q8. Is Wegovy being used to reduce the risk of major adverse cardiovascular events?

☐ Yes ☐ No

Q9. Has the patient had a 5% reduction in body weight from baseline (confirm recent body weight)?

☐ Yes ☐ No

Q10. Does the patient continue to take optimized pharmacotherapy for established cardiovascular disease?

☐ Yes ☐ No

Q11. For noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), has the patient had positive clinical effects as evidenced by any of the following:

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☐ Optimal control of comorbid metabolic conditions with pertinent labs attached
☐ Weight loss (including recent BMI and weight)
☐ No worsening of MASH as evidenced by improvement in liver enzyme levels and/or non-invasive fibrosis markers if available

Q12. Does the patient continue to take optimized pharmacotherapy for established hypertension, dyslipidemia, or diabetes, if applicable.

☐ Yes ☐ No

Q13. Is the patient 18 years of age or older?

☐ Yes ☐ No

Q14. Is there a history of prior myocardial infarction or prior stroke?

☐ Yes ☐ No

Q15. Does the patient have a history of peripheral arterial disease evidenced by one of the following:

☐ Intermittent claudication with ankle-brachial index <0.85
☐ Peripheral arterial revascularization procedure,
☐ Amputation due to atherosclerotic disease?

Q16. Does the patient have a BMI greater than or equal to 27 kg/m2 (attach baseline body weight and BMI)?

☐ Yes ☐ No

Q17. Will the medication be used in combination with optimized pharmacotherapy for established cardiovascular disease?

☐ Yes ☐ No

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Q18. Is there a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) confirmed by liver biopsy or imaging confirming steatosis with results attached? (Imaging studies can include ultrasound, Fibroscan CAP, or MRI-PDFF).

☐ Yes ☐ No

Q19. Does the patient have moderate to advanced liver fibrosis (stages F2 or F3) confirmed by liver biopsy performed within the last 6 months?

☐ Yes ☐ No

Q20. Does the patient have moderate to advanced liver fibrosis (stages F2 or F3) confirmed ONE of the following non-invasive tests performed within the last 6 months:

☐ Transient elastography (e.g., Fibroscan)
☐ Shear wave elastography (SWE)
☐ Magnetic resonance elastography (MRE)

Q21. Does the patient have an associated condition such as overweight or obesity, hypertension, dyslipidemia and/or type 2 diabetes? Please include chart notes documenting which conditions apply.

☐ Yes ☐ No

Q22. Is documentation such as chart notes attached with current body mass index (BMI), weight, AND labs pertinent to the patients associated condition (such as blood pressure, lipid panel, and/or hemoglobin A1c)?

☐ Yes ☐ No

Q23. Does the patient continue to take optimized pharmacotherapy for the associated condition?

☐ Yes ☐ No

Q24. If the patient has evidence of type 2 diabetes, is there documentation of inadequate response, intolerance, or contraindication to Ozempic that is not expected to occur with Wegovy?

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| | |
|---|---|
| ☐ Yes | ☐ No |
| Q25. Additional Information: | |

Prescriber Signature _____ Date _____

*v2026*

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