



PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

GLP-1 Agonists - Exchange

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: <input type="checkbox"/> 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 request for reauthorization of a GLP-1 Receptor Agonist? If YES, go to 29. If NO, go to 2.

Yes

No

Q2. For a formulary GLP-1 Receptor Agonist for the treatment of diabetes, a diagnosis of diabetes including recent hemoglobin A1c. If YES, go to 26. If NO or NA, go to 3.

Yes

No

NA

Q3. For a non-formulary GLP-1 Receptor Agonist for the treatment of diabetes, ALL of the following:

- a. A diagnosis of diabetes including recent hemoglobin A1c,
 - b. A history of therapeutic failure of or a contraindication or an intolerance[^] to the maximum FDA-approved dose of the preferred GLP-1 Receptor Agonists approved or medically accepted for the beneficiary's diagnosis,
 - c. The prescribed GLP-1 Receptor Agonist is approved by the FDA for the treatment of diabetes.
- [^]For a request to change from one GLP-1 Receptor Agonist (e.g., a semaglutide product) to a different GLP-1 Receptor Agonist (e.g., a tirzepatide product) due to intolerance: Must submit chart documentation that the following approaches were tried over a period of at least one month:



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dietary changes (e.g., eating apples, crackers, or mint- or ginger-based drinks 30 minutes after administering the GLP-1 Receptor Agonist), prescription antiemetics, and, for beneficiaries who tolerated lower doses of the GLP-1 Receptor Agonist, dose adjustment to remediate side effects experienced with higher doses of the GLP-1 Receptor Agonist

If YES, go to 26. If NA, go to 4.

Yes

No

NA

Q4. For the treatment of moderate to severe obstructive sleep apnea (OSA), a recent body mass index (BMI) greater than or equal to 35 kg/m². If YES, go to 5. If NA, go to 8.

Yes

No

NA

Q5. A diagnosis of moderate to severe OSA confirmed according to one of the following:

a. The most recent consensus treatment guidelines (e.g., American Academy of Sleep Medicine International Classification of Sleep Disorders)

b. A baseline apnea-hypopnea index greater than or equal to 15 events per hour.

Yes

No

Q6. For OSA, at least one of the following clinical symptoms:

a. Excessive daytime sleepiness (e.g., Epworth Sleepiness Scale [ESS 10])

b. Reduced-sleep related quality of life (e.g., snoring, nocturnal choking insomnia, disruption of partner's sleep, morning headaches, nocturia, etc.)

Yes

No

Q7. For OSA, ONE of the following:

a. Utilization of positive airway pressure (PAP) with documented adherence to PAP treatment (defined as use of a PAP device for greater than or equal to four hours per night on 70% of nights during a consecutive 30-day period), OR

b. If intolerant to PAP, chart documentation that troubleshooting strategies have been tried to



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address barriers (e.g., provider consultation for mask-related issues, increasing humidity settings, addressing claustrophobia concerns) -OR- there is a medical reason PAP cannot be used or is still intolerant to PAP despite troubleshooting strategies, utilization of or intolerance to an oral appliance for OSA.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q8. For the reduction in risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke), is prescribed the GLP-1 Receptor Agonist by or in consultation with an appropriate specialist (e.g., cardiologist, vascular surgeon, neurologist).	
If YES, go to 9. If NA, go to 12.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Q9. For MACE, the member has a recent BMI greater than or equal to 27 kg/m2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q10. For MACE, the member meets ONE of the following:	
a. Prior myocardial infarction, b. Prior stroke, c. Peripheral arterial disease (PAD) and intermittent claudication with ankle-brachial index less than 0.85 (at rest), d. PAD with a history of peripheral arterial revascularization procedure, e. PAD with a history of amputation due to atherosclerotic disease.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Q11. For MACE, the requested drug will be used in combination with optimized pharmacotherapy for established cardiovascular disease based on current consensus guidelines unless contraindicated or not tolerated. If YES, go to 18.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Patient Name:	Prescriber Name:
<p>Q12. For the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), is prescribed the GLP-1 Receptor Agonist by or in consultation with a hepatologist or gastroenterologist. If YES, go to 13. If NA, go to 17.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>	
<p>Q13. For MASH, has a diagnosis of MASH with moderate to advanced liver fibrosis (consistent with stage F2 or F3 fibrosis) as confirmed by ONE of the following:</p> <p>a. Liver biopsy within the past three years b. A recent FIB-4 index greater than or equal to 1.3 for beneficiaries less than 65 years of age (or greater than or equal to 2.0 for beneficiaries greater than or equal to 65 years of age) and ONE of the following: i. Liver stiffness measurement by vibration controlled transient elastography (VCTE) (e.g., Fibroscan), ii. Magnetic resonance elastography (MRE), iii. Shear wave elastography (SWE), iv. Enhanced Liver Fibrosis (ELF) score.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Q14. For MASH, does not have significant alcohol use (defined as alcohol consumption of more than one drink per day for natal females or more than two drinks per day for natal males) or alcohol dependence.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Q15. For MASH, the requested drug will be used in combination with optimized pharmacotherapy for established comorbid diseases (e.g., cardiovascular disease, dyslipidemia, diabetes, hypertension) based on current consensus guidelines unless contraindicated or not tolerated.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Q16. For MASH, 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. If YES, go to 18.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	



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<p>Q17. For any other FDA-approved or medically accepted diagnoses (excluding treatment of overweight or obesity), BOTH of the following:</p> <p>If YES, go to 19.</p> <table><tr><td><input type="checkbox"/> Has a history of therapeutic failure of or a contraindication or an intolerance to first line therapy(ies) if applicable according to consensus treatment guidelines</td><td><input type="checkbox"/> The requested drug will be used in combination with optimized pharmacotherapy for the condition being treated based on current consensus guidelines unless contraindicated or not tolerated.</td></tr></table>		<input type="checkbox"/> Has a history of therapeutic failure of or a contraindication or an intolerance to first line therapy(ies) if applicable according to consensus treatment guidelines	<input type="checkbox"/> The requested drug will be used in combination with optimized pharmacotherapy for the condition being treated based on current consensus guidelines unless contraindicated or not tolerated.
<input type="checkbox"/> Has a history of therapeutic failure of or a contraindication or an intolerance to first line therapy(ies) if applicable according to consensus treatment guidelines	<input type="checkbox"/> The requested drug will be used in combination with optimized pharmacotherapy for the condition being treated based on current consensus guidelines unless contraindicated or not tolerated.		
<p>Q18. For MACE or MASH, will use the requested GLP-1 Receptor Agonist in combination with lifestyle changes and behavioral modifications (e.g., healthy diet and increased physical activity). If YES, go to 20.</p> <table><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p>Q19. For an indication other than MACE or MASH, 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.</p> <table><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p>Q20. For diagnoses other than diabetes ALL of the following:</p> <table><tr><td><input type="checkbox"/> Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,</td><td><input type="checkbox"/> Does not have a contraindication to the prescribed drug.</td></tr></table>		<input type="checkbox"/> Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,	<input type="checkbox"/> Does not have a contraindication to the prescribed drug.
<input type="checkbox"/> Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,	<input type="checkbox"/> Does not have a contraindication to the prescribed drug.		
<p>Q21. The requested product is a formulary GLP-1 Receptor Agonist? If YES, go to 26. If NO, go to 22.</p> <table><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<p>Q22. For Wegovy (semaglutide) injection and tablets for non-diabetes indication: a. The member has a history of therapeutic failure* of the maximum FDA-approved dose of Ozempic (semaglutide) injection, Mounjaro (tirzepatide) injection, Zepbound (tirzepatide)</p>			



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injection;

*Therapeutic failure of a GLP-1 Receptor Agonist is defined as follows: Failure to achieve positive clinical outcome(s) as outlined in the renewal guidelines while utilizing the maximum FDA-approved dose of the GLP-1 Receptor Agonist with documentation of adherence to the GLP-1 Receptor Agonist in combination with lifestyle changes and behavioral modifications (e.g., healthy diet and increased physical activity). If the beneficiary is not at the maximum FDA-approved dose of the GLP-1 Receptor Agonist due to intolerance, must submit chart documentation that the following approaches were tried over a period of at least one month: dietary changes (e.g., eating apples, crackers, or mint- or ginger-based drinks 30 minutes after administering the GLP-1 Receptor Agonist), prescription antiemetics, and, for beneficiaries who tolerated lower doses of the GLP-1 Receptor Agonist, dose adjustment to remediate the side effects experienced with higher doses of the GLP-1 Receptor Agonist.

If YES, go to 26. If NA, go to 23.

Yes

No

NA

Q23. For Mounjaro (tirzepatide) injection, the member meets ONE of the following:

a. The GLP-1 is being used for OSA,

b. For other non-diabetes indication, the member has a history of therapeutic failure* of or a contraindication or an intolerance[^] to the maximum FDA-approved doses of Ozempic (semaglutide) injection;

If YES, go to 26. If NA, go to 24.

Yes

No

NA

Q24. For Zepbound (tirzepatide) injection, the member meets ONE of the following:

a. For a diagnosis of OSA, a history of therapeutic failure* of or a contraindication or an intolerance[^] to the maximum FDA-approved doses of Mounjaro (tirzepatide) injection that would not be expected to occur with the requested drug

b. For other non-diabetes indication, a history of therapeutic failure* of or a contraindication or an intolerance[^] to the maximum FDA-approved doses of Ozempic (semaglutide) injection, and Mounjaro (tirzepatide) injection that would not be expected to occur with the requested drug.



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If YES, go to 26. If NA go to 25.

Yes

No

NA

Q25. For all other non-preferred GLP-1 Receptor Agonists, a history of therapeutic failure* of or a contraindication or an intolerance^ to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Mounjaro (tirzepatide) injection, Zepbound (tirzepatide) injection that would not be expected to occur with the requested drug.

Yes

No

Q26. For all diagnoses, for therapeutic duplication of a GLP-1 receptor agonist when there is a record of a recent paid claim for another GLP-1 receptor agonist or a DPP-4 inhibitor in the point-of-sale online claims adjudication system, one of the following:

a. Is being transitioned to or from another GLP-1 receptor agonist or a DPP-4 inhibitor with the intent of discontinuing one of the drugs

b. Has a medical reason for concomitant use of the requested drugs that is supported by peer-reviewed medical literature or national treatment guidelines.

Yes

No

Q27. For a formulary GLP-1 Receptor Agonist for the treatment of diabetes, a diagnosis of diabetes including recent hemoglobin A1c.

If YES, go to 42. If NA, go to 28.

Yes

No

NA

Q28. For a non-preferred GLP-1 Receptor Agonist for the treatment of diabetes, ALL of the following:

a. A diagnosis of diabetes including recent hemoglobin A1c,

b. A history of therapeutic failure of or a contraindication or an intolerance^ to the maximum FDA-approved dose of the preferred GLP-1 Receptor Agonists approved or medically accepted for the



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beneficiary's diagnosis,

c. The prescribed GLP-1 Receptor Agonist is approved by the FDA for the treatment of diabetes.

For a request to change from one GLP-1 Receptor Agonist (e.g., a semaglutide product) to a different GLP-1 Receptor Agonist (e.g., a tirzepatide product) due to intolerance: Must submit chart documentation that the following approaches were tried over a period of at least one month: dietary changes (e.g., eating apples, crackers, or mint- or ginger-based drinks 30 minutes after administering the GLP-1 Receptor Agonist), prescription antiemetics, and, for beneficiaries who tolerated lower doses of the GLP-1 Receptor Agonist, dose adjustment to remediate side effects experienced with higher doses of the GLP-1 Receptor Agonist.

If YES, go to 42.

Yes

No

Q29. For the reduction in risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke), both of the following:

a. Is prescribed the GLP-1 Receptor Agonist by or in consultation with an appropriate specialist (e.g., cardiologist, vascular surgeon, neurologist)

b. The requested drug will be used in combination with optimized pharmacotherapy for established cardiovascular disease based on current consensus guidelines unless contraindicated or not tolerated.

If YES, go to 35. If NA, go to 30.

Yes

No

NA

Q30. For the treatment of MASH, ALL of the following:

a. Is prescribed the GLP-1 Receptor Agonist by or in consultation with a hepatologist or gastroenterologist,

b. Does not have significant alcohol use (defined as alcohol consumption of more than one drink per day for natal females or more than two drinks per day for natal males) or alcohol dependence,



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c. The requested drug will be used in combination with optimized pharmacotherapy for established comorbid diseases (e.g., cardiovascular disease, dyslipidemia, diabetes, hypertension) based on current consensus guidelines unless contraindicated or not tolerated,

d. If the beneficiary has been using the GLP-1 Receptor Agonist for greater than or equal to one year, has documentation of ONE of the following:

- i. Resolution of steatohepatitis and improvement or no worsening of liver fibrosis
- ii. Improvement of liver fibrosis and no worsening of steatohepatitis.

If YES, go to 35. If NA go to 31.

Yes

No

NA

Q31. For the treatment of moderate to severe OSA, ONE of the following:

a. The beneficiary 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),

b. If the beneficiary has been using the GLP-1 Receptor Agonist for greater than or equal to six months, ONE of the following:

- i. 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,
- ii. 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 and the beneficiary has documentation of dietary changes, the reviewer may approve up to a three-month trial of the requested GLP-1 Receptor Agonist at the maximum tolerated dose.

If YES, go to 32. If NA, go to 34.

Yes

No

NA

Q32. For OSA ONE of the following:



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Utilization of PAP with documented adherence to PAP treatment (defined as use of PAP devices for four or more hours per night on 70% of nights during a consecutive 30-day period) unless PAP is no longer recommended,

If the beneficiary has a medical reason PAP cannot be used or is intolerant to PAP despite troubleshooting strategies, utilization of or intolerance to an oral appliance for OSA unless an oral device is no longer recommended.

Q33. For OSA, if the beneficiary has been using the GLP-1 Receptor Agonist for greater than or equal to one year, has documentation of improvement in OSA signs/symptoms since initiating the requested drug (e.g., decrease in the apnea-hypopnea index number of events per hour from baseline, improvement in daytime sleepiness).

If YES, go to 35.

Yes No

Q34. For any other FDA-approved or medically accepted diagnoses (excluding treatment of overweight or obesity), BOTH of the following:

a. The requested drug will be used in combination with optimized pharmacotherapy for the condition being treated based on current consensus guidelines unless contraindicated or not tolerated

b. If the beneficiary has been using the GLP-1 Receptor Agonist for at least three consecutive months at the maximum tolerated dose, has chart documentation demonstrating ONE of the following based on prescriber's assessment:

i. Improvement or stabilization of the beneficiary's condition

ii. Continues to benefit from therapy.

If YES, go to 35.

Yes No

Q35. For diagnoses other than diabetes ALL of the following:

Is continuing lifestyle changes and behavioral modification (e.g., healthy diet and increased physical activity)



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Is age-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,
 Does not have a contraindication to the prescribed drug.

Q36. Is the request for continuation of the same formulary drug that has been previously approved? If YES, go to 42. If NO, go to 37.

Yes No

Q37. For a change from one formulary GLP-1 Receptor Agonist to another formulary GLP-1 Receptor Agonist, a rationale for the change in therapy is attached.

If YES, go to 42. If NA, go to 38.

Yes No NA

Q38. For Wegovy (semaglutide) injection and tablets for non-diabetes indication:

a. The member has a history of therapeutic failure* of the maximum FDA-approved dose of Ozempic (semaglutide) injection, Mounjaro (tirzepatide) injection, Zepbound (tirzepatide) injection.

*Therapeutic failure of a GLP-1 Receptor Agonist is defined as follows: Failure to achieve positive clinical outcome(s) as outlined in the renewal guidelines while utilizing the maximum FDA-approved dose of the GLP-1 Receptor Agonist with documentation of adherence to the GLP-1 Receptor Agonist in combination with lifestyle changes and behavioral modifications (e.g., healthy diet and increased physical activity). If the beneficiary is not at the maximum FDA-approved dose of the GLP-1 Receptor Agonist due to intolerance, must submit chart documentation that the following approaches were tried over a period of at least one month: dietary changes (e.g., eating apples, crackers, or mint- or ginger-based drinks 30 minutes after administering the GLP-1 Receptor Agonist), prescription antiemetics, and, for beneficiaries who tolerated lower doses of the GLP-1 Receptor Agonist, dose adjustment to remediate the side effects experienced with higher doses of the GLP-1 Receptor Agonist.

If YES, go to 42. If NA, go to 39.

Yes No NA



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Q39. For Mounjaro (tirzepatide) injection, the member meets ONE of the following:

- a. The GLP-1 is being used for OSA,
- b. For other non-diabetes indication, the member has a history of therapeutic failure* of or a contraindication or an intolerance[^] to the maximum FDA-approved doses of Ozempic (semaglutide) injection.

If YES, go to 42. If NA, go to 40.

Yes

No

NA

Q40. For Zepbound (tirzepatide) injection, the member meets ONE of the following:

- a. For a diagnosis of OSA, a history of therapeutic failure* of or a contraindication or an intolerance[^] to the maximum FDA-approved doses of Mounjaro (tirzepatide) injection that would not be expected to occur with the requested drug
- b. For other non-diabetes indication, a history of therapeutic failure* of or a contraindication or an intolerance[^] to the maximum FDA-approved doses of Ozempic (semaglutide) injection, and Mounjaro (tirzepatide) injection that would not be expected to occur with the requested drug.

If YES, go to 42. If NA, go to 41.

Yes

No

NA

Q41. For all other non-preferred GLP-1 Receptor Agonists, a history of therapeutic failure* of or a contraindication or an intolerance[^] to the maximum FDA-approved doses of Ozempic (semaglutide) injection, Mounjaro (tirzepatide) injection, and Zepbound (tirzepatide) injection that would not be expected to occur with the requested drug.

Yes

No

Q42. For all indications for therapeutic duplication of a GLP-1 receptor agonist when there is a record of a recent paid claim for another GLP-1 receptor agonist or a DPP-4 inhibitor in the point-of-sale online claims adjudication system, one of the following:



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<input type="checkbox"/> Is being transitioned to or from another GLP-1 receptor agonist or a DPP-4 inhibitor with the intent of discontinuing one of the drugs	<input type="checkbox"/> Has a medical reason for concomitant use of the requested drugs that is supported by peer-reviewed medical literature or national treatment guidelines
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Q43. Additional Information:

Prescriber Signature

Date

v2026