

WEIGHT MANAGEMENT PRIOR AUTHORIZATION REQUEST PRESCRIBER FAX FORM

Only the prescriber may complete this form. This form is for prospective, concurrent, and retrospective reviews.

The following documentation is REQUIRED. Incomplete forms will be returned for additional information. For formulary information please visit www.myprime.com. Start saving time today by filling out this form electronically. Visit covermy meds.com to begin using this free service.

What is the priority level of this request?

- Standard review
- Expedited/Urgent review – prescriber certifies that waiting for a standard review could seriously harm the patient’s life, health or ability to regain maximum function

Today’s Date: _____

PATIENT AND INSURANCE INFORMATION

Date of Service (if differs from Today’s Date): _____

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
Patient Address:	City, State, Zip:	Patient Telephone:	
Member ID Number:	Group Number:		

PRESCRIBER/CLINIC INFORMATION

Prescriber Name:	Prescriber NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:		
City, State, Zip:	Phone #:	Secure Fax #:	

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

<p>Patient’s Diagnosis:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) <input type="checkbox"/> Obstructive sleep apnea (OSA) <input type="checkbox"/> Weight management and the patient is overweight or obese <input type="checkbox"/> Reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and the patient is either obese or overweight <input type="checkbox"/> Other (ICD code, plus description): _____ 	
Medication Requested:	Strength:
Dosing Schedule:	Quantity per Month:
<p>For all requests:</p> <p>1. Is the patient currently treated with the requested agent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the patient have any FDA labeled contraindications to the requested agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify contraindication(s): _____</p> <p>3. Is the patient’s age within FDA labeling for the requested indication for the requested agent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is there support for using the requested agent for the patient’s age for the requested indication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide supporting information: _____</p> <p>4. Will the patient be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, Qsymia, Xenical)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Will the patient be using the requested agent in combination with another GLP-1 receptor agonist (e.g., Saxenda, Wegovy, Zepbound, Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Please continue to the next page.</p>	

Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
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6. Is the patient currently on a weight management regimen of a low-calorie diet, increased physical activity, and behavioral modifications? Yes No
 If yes, will the patient continue the weight management regimen in combination with the requested agent?... Yes No
7. Please list all reasons for selecting the requested agent for the indicated diagnosis, strength, dosing schedule, and quantity over alternatives (e.g., compendia support, journal articles, contraindications, allergies, history of adverse drug reactions to alternatives, lower dose has been tried, information supporting dose over FDA max). **Please note, documentation may be required:** _____

Use for Noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis)

8. Are there medical records that show the patient has a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate-to-advanced liver fibrosis (consistent with stages F2 to F3 fibrosis)? Yes No
 If yes, please submit medical records.
9. Does the patient have stage F2 or F3 fibrosis as confirmed by ONE of the following (prior to therapy with the requested agent)? Yes No
- A liver biopsy
 - Vibration-controlled transient elastography (VCTE)
 - Enhanced liver fibrosis (ELF) score
 - Magnetic resonance elastography (MRE)
10. Please select the patient's sex and answer the corresponding questions.
- Female
 Is the patient's alcohol consumption less than 20 grams/day (Note: one standard alcoholic drink contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits)? Yes No
- Male
 Is the patient's alcohol consumption less than 30 grams/day (Note: one standard alcoholic drink contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits)? Yes No
11. Is the patient being monitored and/or treated for any comorbid conditions (e.g., cardiovascular disease, diabetes, dyslipidemia, hypertension)? Yes No
12. Does the patient have ANY of the following? (Select all that apply.)
- Decompensated cirrhosis
 - Moderate to severe hepatic impairment (Child-Pugh Class B or C)
 - Any other liver disease (e.g., Wilson's disease, hepatocellular carcinoma, hepatitis)
 - None of the above
13. Is the prescriber a specialist in the area of the patient's diagnosis (e.g., hepatologist, gastroenterologist), or has the prescriber consulted with a specialist in the area of the patient's diagnosis? Yes No

Use for Obstructive sleep apnea (OSA)

14. Are there medical records showing the patient has a diagnosis of obstructive sleep apnea (OSA)? Yes No
 If yes, please submit medical records.
15. Has the patient had a polysomnography (PSG) or home sleep apnea test? Yes No
16. Does the patient have an apnea hypopnea index (AHI) greater than or equal to 15 events/hour from baseline (prior to initiation of pharmacotherapy)? Yes No
17. Does the patient have a pretreatment body mass index (BMI) greater than or equal to 30 kg/m²? Yes No

Use for weight management and the patient is overweight or obese requests:

18. What is the patient's pretreatment BMI: _____ (kg/m²)
19. Has the patient been on and had an inadequate response to a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications for a minimum of 6 months prior to initiating therapy? ... Yes No

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Use for weight management and the patient is overweight or obese requests (continued):

For 12 to 17 years of age (pediatric)

20. Does the patient have a pretreatment BMI greater than or equal to 95th percentile for age and sex? Yes No
 If no, does the patient have a pretreatment BMI greater than or equal to 30 kg/m²? Yes No
 If no, does the patient have a pretreatment BMI of greater than or equal to 85th percentile for age and sex AND at least one weight-related comorbidity/risk factor/complication (e.g., hypertension, dyslipidemia, type 2 diabetes, obstructive sleep apnea)? Yes No

For 18 years of age or older (adult)

21. Does the patient have a pretreatment BMI greater than or equal to 30 kg/m²? Yes No
 22. Is the patient of South Asian, Southeast Asian, or East Asian descent? Yes No
 If yes, does the patient have a pretreatment BMI greater than or equal to 25 kg/m²? Yes No
 If no, does the patient have at least one weight-related comorbidity/risk factor/complication (e.g., hypertension, type 2 diabetes mellitus, obstructive sleep apnea, cardiovascular disease, dyslipidemia)? Yes No
 If no, does the patient have a pretreatment BMI greater than or equal to 30 kg/m²? Yes No
 If no, does the patient have at least one weight-related comorbidity/risk factor/complication (e.g., hypertension, type 2 diabetes mellitus, obstructive sleep apnea, cardiovascular disease, dyslipidemia)? Yes No

For Saxenda (liraglutide) requests:

23. Please select the patient's age and answer the corresponding questions.
 Less than 12 years of age (pediatric)
 12 to 17 years of age (pediatric)
 o Is the patient starting therapy with Saxenda (liraglutide)? Yes No
 If no, is the patient currently being treated with Saxenda (liraglutide) AND has received less than 20 weeks (5 months) of therapy? Yes No
 If no, has the patient achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of pharmacotherapy)? Yes No
 18 years of age or older (adult)
 o Is the patient starting therapy with Saxenda (liraglutide)? Yes No
 If no, is the patient currently being treated with Saxenda (liraglutide) and has received less than 16 weeks (4 months) of therapy? Yes No
 If no, has the patient achieved and maintained a weight loss of greater than or equal to 4% from baseline (prior to initiation of pharmacotherapy)? Yes No

For Wegovy (semaglutide) requests:

24. Is the patient starting therapy with Wegovy (semaglutide)? Yes No
 If no, is the patient currently being treated with Wegovy (semaglutide) and has received less than 52 weeks (1 year) of therapy? Yes No
 If no, please select the patient's age and answer the corresponding questions.
 Less than 12 years of age (pediatric)
 12 to 17 years of age (pediatric)
 o Is the request for Wegovy (semaglutide) injection? Yes No
 If yes, has the patient achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy)? Yes No
 18 years of age or older (adult)
 o Has the patient achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy)? Yes No

For Zepbound (tirzepatide) requests:

25. Is the patient starting therapy with Zepbound (tirzepatide)? Yes No
 If no, is the patient currently being treated with Zepbound (tirzepatide) and has received less than 52 weeks (1 year) of therapy? Yes No
 If no, has the patient achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy)? Yes No

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Use to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight (established cardiovascular disease is defined as coronary artery disease [CAD], acute coronary syndrome [ACS], those with history of myocardial infarction [MI], stable or unstable angina or coronary or other arterial revascularization, prior percutaneous coronary intervention/coronary bypass surgery, stroke, transient ischemic attack [TIA], carotid or other arterial stenosis, or peripheral artery disease [PAD] including aortic aneurysm, all of atherosclerotic origin):

26. What is the patient's pretreatment BMI: _____ (kg/m²)
27. Does the patient have a pretreatment BMI greater than or equal to 27 kg/m²? Yes No
28. Will the patient use optimized pharmacotherapy for established cardiovascular disease in combination with the requested agent? Yes No
29. Does the patient have a history of ONE of the following? (Select all that apply.)
- Myocardial infarction
 - Stroke
 - Peripheral artery disease as defined by intermittent claudication with ankle-brachial index less than 0.85 at rest, or peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease
 - None of the above

Renewal requests:

For weight management and the patient is overweight or obese:

30. Has the patient achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to the initiation of requested agent)? Yes No

For Saxenda (liraglutide) requests:

31. Is the patient pediatric (12 to 17 years of age)? Yes No
- If yes, answer the following questions:
- Is the patient's current body mass index (BMI) greater than or equal to 85th percentile for age and sex? Yes No
 - Has the patient achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of pharmacotherapy)? Yes No
32. Is the patient 18 years of age or older (adult)? Yes No
- If yes, has the patient achieved and maintained a weight loss greater than or equal to 4% from baseline (prior to initiation of pharmacotherapy)? Yes No

For Wegovy (semaglutide) requests:

33. Has the patient received less than 52 weeks of therapy on the maximum-tolerated dose? Yes No
34. Is the patient pediatric (12 to 17 years of age)? Yes No
- If yes, answer the following questions:
- Is the patient's current body mass index (BMI) greater than or equal to 85th percentile for age and sex? Yes No
 - Has the patient achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy)? Yes No

For Zepbound (tirzepatide) requests:

35. Has the patient received less than 52 weeks of therapy on the maximum-tolerated dose? Yes No
36. Is the patient pediatric (12 to 17 years of age)? Yes No
- If yes, is the patient's current body mass index (BMI) greater than or equal to 85th percentile for age and sex? Yes No

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Renewal requests (continued):

Use to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and the patient is either obese or overweight (established cardiovascular disease is defined as coronary artery disease [CAD], acute coronary syndrome [ACS], those with history of myocardial infarction [MI], stable or unstable angina or coronary or other arterial revascularization, prior percutaneous coronary intervention/coronary bypass surgery, stroke, transient ischemic attack [TIA], carotid or other arterial stenosis, or peripheral artery disease [PAD] including aortic aneurysm, all of atherosclerotic origin):

37. Has the patient had clinical benefit with the requested agent? Yes No

For Noncirrhotic nonalcoholic steatohepatitis (NASH) or metabolic dysfunction associated steatohepatitis (MASH) requests:

38. Has the patient had clinical benefit with the requested agent? Yes No

For Obstructive sleep apnea (OSA):

39. Has the patient had clinical benefit with the requested agent (e.g., reduction in AHI, decrease in Epworth Sleepiness Scale)? Yes No

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