MEDICARE GLP-1 BRIDGE PRIOR AUTHORIZATION REQUEST FORM

Submit electronic PA at Covermymeds.com OR Fax to: 1-800-530-2404

If your patient has a Part D eligible diagnosis of moderate to severe obstructive sleep apnea (OSA), noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis), type 2 diabetes OR your patient is eligible for coverage under Part D because the drug is prescribed to reduce risk of major adverse cardiovascular (CV) events in adults with established CV disease **you must submit any request for GLP-1 coverage to the patient's Part D plan.**

If this request is to reduce excess body weight and maintain weight reduction and the member does not have a Part D eligible diagnosis continue this prior authorization request through the GLP-1 Bridge for Foundayo®, Wegovy® (injections and tablets), or Zepbound® (Kwikpen®).

Patient name:	**Prescriber name:**
Medicare beneficiary MBI: Patient date of birth: Address: City, State: ZIP code:	Fax: Phone: Office contact: NPI: Tax ID: Address: City, State: ZIP code:

Requested drug (select one):

☐Foundayo® Tablets ☐ Wegovy® HD Injection

☐Wegovy® Injection ☐ Zepbound® Kwikpen®

☐Wegovy® Tablets

There **MUST** be a denied pharmacy claim submitted to the GLP-1 Bridge BIN (028918) PCN (MEDDGLP1BR) PRIOR to prescriber submitting a PA request.

Submission of this request is restricted to prescribing clinicians, who must ensure that all sections of the form are completed. Medicare Part D beneficiaries, please consult with your physician to submit this request for you.

Q1. **If your patient has a Part D eligible diagnosis** of moderate to severe obstructive sleep apnea (OSA), noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis), type 2 diabetes **OR** your patient is eligible for coverage under Part D because the drug is prescribed to reduce risk of major adverse cardiovascular (CV) events in adults with established CV disease **you must submit any request for GLP-1 coverage to the patient's Part D plan.**

☐ Acknowledged ☐ Not acknowledged

Q2. Does the patient have moderate to severe obstructive sleep apnea (OSA)?

☐ Yes ☐ No

Q3. Does the patient have noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver scarring (fibrosis) [formerly known as nonalcoholic steatohepatitis (NASH)]?

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q4. Does the patient have type 2 diabetes?

☐ Yes ☐ No

Q5. Continue this request if the patient is at least 18 years of age and the drug is used to reduce excess body weight and maintain weight reduction in combination with lifestyle modification including structured nutrition and physical activity, unless physical activity is not clinically appropriate.

Please select the range that includes the patient's Body Mass Index (BMI) **at the time of GLP-1 therapy initiation:**

(Note: If the patient's BMI has been reduced after starting a GLP-1 the **initial BMI** should be selected).

☐ Less than 27

☐ 27 to 29.9

☐ 30 to 34.9 (E66.811: Obesity, Class 1)

☐ 35 to 39.9 (E66.812: Obesity, Class 2)

☐ 40 or more (E66.813: Obesity, Class 3)

Q6. Does the patient have pre-diabetes (as defined by American Diabetes Association guidelines)?

☐ Yes ☐ No

Q7. Does the patient have previous myocardial infarction?

☐ Yes ☐ No

Q8. Does the patient have previous stroke?

☐ Yes ☐ No

Q9. Does the patient have symptomatic peripheral artery disease?

☐ Yes ☐ No

Q10. Does the patient have heart failure with preserved ejection fraction?

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q11. Does the patient have uncontrolled hypertension (defined as systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg, despite concurrent treatment with two antihypertensive medications)?

☐ Yes ☐ No

Q12. Does the patient have chronic kidney disease stage 3a or above?

☐ Yes ☐ No

Prescriber signature

Date