OKLAHOMA Health Care Authority

State of Oklahoma SoonerCare

Wegovy® (semaglutide) Prior Authorization Form

Member Name: _____ ***Date of Birth:*** _____ ***Member ID#:*** _____

Drug Information

Pharmacy Billing (NDC: _____***) Start Date (or date of next dose):*** _____

Dose: _____ ***Regimen:*** _____

Pharmacy Information

Pharmacy NPI: _____ ***Pharmacy Name:*** _____

Pharmacy Phone: _____ ***Pharmacy Fax:*** _____

Prescriber Information

Prescriber NPI: _____ ***Prescriber Name:*** _____

Prescriber Phone: _____ ***Prescriber Fax:*** _____ ***Specialty:*** _____

Criteria

For Initial Authorization: *(Page 1 of 2)*

1. Please indicate the diagnosis and information:
   - ☐ To reduce the risk of major adverse cardiovascular (CV) events
   - ☐ Other _____
2. Does the member have established cardiovascular disease (CVD)? Yes☐ No☐
3. Is the member obese or overweight? Yes☐ No☐
4. Does the member have a history of any of the following? (check all that apply and clinical documentation must be submitted with the request)
   - ☐ Previous myocardial infarction
   - ☐ Previous stroke
   - ☐ Symptomatic peripheral arterial disease confirmed by 1 of the following:
     - ☐ Intermittent claudication with ankle-brachial index <0.85 at rest
     - ☐ Peripheral arterial revascularization procedure
     - ☐ Amputation due to atherosclerotic disease
5. Member's body mass index (BMI): _____ Date Taken: _____
6. Member's hemoglobin A1C (HbA1c): _____ Date Taken: _____
7. Does the member have type 1 diabetes mellitus (T1DM) or type 2 diabetes mellitus (T2DM)? Yes☐ No☐
8. Will member use Wegovy® in combination with other semaglutide-containing products or any other glucagon-like peptide-1 (GLP-1) receptor agonist? Yes☐ No☐
9. Is the member currently receiving guideline-directed management and therapy (GDMT) for CVD (e.g., antihypertensives, lipid-lowering agents, antiplatelets), as documented in the member's pharmacy claims history, unless contraindicated? Yes☐ No☐
   a. Please provide the member's current GDMT for CVD: _____
   b. If contraindicated, please provide details: _____

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*

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Criteria

For Initial Authorization: *(Page 2 of 2)*

10. Will Wegovy® be used in conjunction with diet and exercise? Yes☐ No☐ (clinical documentation of member's diet and exercise program must be included with the request)
11. Request is for:
    - ☐ Titration dosing
    - ☐ Maintenance dosing
12. Initial approvals will be for the titration period to allow initial and escalation dosing. A separate request must be submitted for each dose. Approvals will be for 4 weeks at a time to allow for proper dose escalation. An additional 4 weeks for each dose may be approved for those who experience intolerable adverse effects during dose escalation with proper documentation.

Additional information: _____

_____

_____

For Authorization of Maintenance Dosing: *(approvals will be for 1 year)*

1. Date of last dose: _____
2. Is the member tolerating maintenance dosing? Yes☐ No☐
3. Has the member developed T1DM or T2DM? Yes☐ No☐
4. Is the member continuing all of the following?
    - ☐ Reduced calorie diet
    - ☐ Increased physical activity
    - ☐ GDMT for CVD where applicable

Additional Information: _____

_____

Prescriber Signature: _____ **Date:** _____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.*

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