

## Hypoglycemics - Incretin Mimetics/Enhancers

**Phone: 215-991-4300**
**Fax back to: 866-240-3712**

Health Partners 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.**

Member Name:		Prescriber Name:	
HPP Member Number:	Fax:	Phone:	
Date of Birth:	Office Contact:		
Member Primary Phone:	NPI:	PA PROMISe ID:	
Address:	Address:		
City, State ZIP:	City, State ZIP:		
Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP	Specialty Pharmacy (if applicable):		
Drug Name:	Strength:		
Quantity:	Refills:		
Directions:			
Diagnosis Code:	Diagnosis:		
<i>HPP's maximum approval time is 12 months but may be less depending on the drug.</i>			

**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. Diagnosis and Diagnosis Code (must submit documentation):

Q2. Request Type:

Initial Request - Go to 3

Renewal Request - Go to 22

Q3. For requests for SYMLIN (pramlintide), submit chart documentation supporting the use of Symlin.

Yes

No

Q4. For a NON-PREFERRED DPP-4 INHIBITOR: Beneficiary has tried and failed OR has a contraindication OR an intolerance to the preferred Hypoglycemics, Incretin Mimetics/Enhancers DPP-4 INHIBITORS that are approved or medically accepted for the beneficiary's diagnosis or indication (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Hypoglycemics, Incretin Mimetics/Enhancers DPP-4 inhibitors.)

Yes

No

Q5. For a Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 receptor agonist: The beneficiary is being treated for or has a diagnosis of diabetes mellitus.

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Member Name:	Prescriber Name:
<input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	
<b>Q6. The beneficiary is being treated for OVERWEIGHT or OBESITY</b> <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	
<b>Q7. Attestation from the prescriber: The beneficiary was counseled about lifestyle changes and behavior modifications such as a healthy diet and increased physical activity.</b> <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	
<b>Q8. The beneficiary is 18 years of age or older.</b> <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	
<b>Q9. Pre-treatment weight:</b>	
<b>Q10. Pre-treatment BMI:</b>	
<b>Q11. The beneficiary has a BMI greater than or equal to 30 kg/m2.</b> <input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span>	
<b>Q12. The beneficiary has a BMI greater than or equal 27 kg/m2 and less than 30 kg/m2 AND at least one of the following weight-related comorbidities:</b> <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Hypertension <input type="checkbox"/> Metabolic syndrome <input type="checkbox"/> Obstructive sleep apnea <input type="checkbox"/> Prediabetes <input type="checkbox"/> Type 2 diabetes <input type="checkbox"/> Other (please list):	

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Q13. The beneficiary is a candidate for treatment based on degree of adiposity, waist circumference, history of bariatric surgery, BMI exceptions for the beneficiary's ethnicity, etc. AND has at least one of the following weight-related comorbidities:

- Cardiovascular disease
- Dyslipidemia
- Hypertension
- Metabolic syndrome
- Obstructive sleep apnea
- Prediabetes
- Type 2 diabetes
- Other:

Q14. The beneficiary is less than 18 years of age.

- Yes  No

Q15. Pre-treatment BMI:

Q16. Pre-treatment BMI z-score:

Q17. The beneficiary has a BMI in the 95th percentile or greater standardized for age and sex based on current CDC charts.

- Yes  No

Q18. The request is for a NON-PREFERRED Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 RECEPTOR AGONIST (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred Hypoglycemics, Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist).

- Yes  No

Q19. For the treatment of OVERWEIGHT OR OBESITY: The beneficiary has a history of trial and failure of OR a contraindication OR an intolerance to ALL of the PREFERRED Hypoglycemics,

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Member Name:	Prescriber Name:
<p>Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:</p> <p> <input type="checkbox"/> Ozempic                                                  <input type="checkbox"/> Trulicity                                                  <input type="checkbox"/> Victoza       </p>	
<p>Q20. For the treatment of OVERWEIGHT OR OBESITY: The beneficiary has a history of trial and failure of or a contraindication or an intolerance to ALL of the PREFERRED Obesity Treatment Agents containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:</p> <p> <input type="checkbox"/> Saxenda                                                  <input type="checkbox"/> Wegovy                                                  <input type="checkbox"/> Zepbound       </p>	
<p>Q21. For the treatment of ALL OTHER diagnoses: The beneficiary has a history of trial and failure of OR a contraindication OR an intolerance to the preferred Hypoglycemics, Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:</p> <p> <input type="checkbox"/> Ozempic                                                  <input type="checkbox"/> Trulicity                                                  <input type="checkbox"/> Victoza       </p>	
<p>Q22. RENEWAL: for a Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 RECEPTOR AGONIST is this for the treatment of obesity?</p> <p> <input type="checkbox"/> Yes                                                  <input type="checkbox"/> No       </p>	
<p>Q23. The beneficiary is 18 years of age or older. If NO, go to 26.</p> <p> <input type="checkbox"/> Yes                                                  <input type="checkbox"/> No       </p>	
<p>Q24. Pre-treatment weight:</p>	
<p>Q25. Pre-treatment BMI:</p>	
<p>Q26. The beneficiary is less than 18 years of age.</p> <p> <input type="checkbox"/> Yes                                                  <input type="checkbox"/> No       </p>	

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Q27. Pre-treatment BMI:

Q28. Pre-treatment BMI z-score:

Q29. Select all that apply:

- The dose of the requested medication is currently being titrated.
- The beneficiary experienced a percent reduction in body weight (for beneficiaries 18 years of age or older) or BMI or BMI z-score (for beneficiaries less than 18 years of age) that is consistent with the recommended cutoff in the FDA-approved package labeling, peer-reviewed medical literature, or consensus treatment guidelines after 3 months of therapy with the maximum recommended/tolerated dose.
- The beneficiary experienced an improvement in degree of adiposity or waist circumference from baseline.
- The beneficiary experienced clinical benefit with the requested medication in at least one weight-related comorbidity from baseline, such as dyslipidemia, hypertension, type 2 diabetes, cardiovascular disease, obstructive sleep apnea, metabolic syndrome, etc.

Q30. Attestation from the prescriber: The beneficiary was counseled about lifestyle changes and behavior modifications such as a healthy diet and increased physical activity.

 Yes

 No

Q31. The request is for a NON-PREFERRED Hypoglycemics, Incretin Mimetic/Enhancer containing a GLP-1 RECEPTOR AGONIST.

 Yes

 No

Q32. The beneficiary has a history of trial and failure of OR a contraindication OR an intolerance to the preferred Hypoglycemics, Incretin Mimetics/Enhancers containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:

 Ozempic

 Trulicity

 Victoza

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Member Name:

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Q33. The beneficiary has a history of trial and failure of OR a contraindication OR an intolerance to the preferred Obesity Treatment Agents containing a GLP-1 receptor agonist that are medically accepted for the beneficiary's diagnosis:

 Saxenda Wegovy Zepbound

Q34. The beneficiary is being treated for a (medically accepted) diagnosis OTHER THAN OVERWEIGHT OR OBESITY or the request is for a DPP-4 INHIBITOR or SYMLIN (pramlintide).

 Yes No

Q35. Additional Information:

\_\_\_\_\_  
Prescriber Signature\_\_\_\_\_  
Date

v2025