PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ZEPBOUND
(tirzepatide)

Status: Client Requested Criteria
Type: Initial Prior Authorization ***Ref #C29482-A***

CRITERIA FOR APPROVAL

1	The patient's drug benefit plan provides coverage for other drugs which may be considered for treating your patient. Can your patient be treated with a formulary drug? Formulary Alternative: Wegovy or Saxenda [If yes, then provide your patient with a new prescription. Please Note: Prior Authorization is required for Formulary Alternatives.] Tech Note: If the prescriber agrees to treat the patient with Wegovy or Saxenda, inform the prescriber that coverage for the prescribed, non-formulary drug is not provided. [If yes, then no further questions.]	Yes	No
2	Has the patient experienced an inadequate treatment response, intolerance or does the patient have a contraindication to TWO of the preferred alternatives: Wegovy or Saxenda? ACTION REQUIRED: If yes, then prescriber must submit chart notes documenting the patient's inadequate treatment response, intolerance or contraindication: _____ Tech Note: Leave response as answered by prescriber. Verification of chart notes will be addressed in the next question. [If no, then no further questions.]	Yes	No
3	Have chart notes documenting the patient's inadequate treatment response, intolerance or contraindication to Wegovy or Saxenda been submitted? *ACTION REQUIRED: Submit supporting documentation* Tech Note: If the PA is worked over the phone, then the prescriber still MUST submit physical chart notes.	Yes	No

Mapping Instructions		
	Yes	**No**
1.	[Please select the appropriate denial close option OR continue to clinical criteria for Wegovy or Saxenda.]. Deny	Go to 2
2.	Go to 3	Deny
3.	[Continue to clinical criteria for Zepbound.]	Deny

REFERENCES

1. N/A

DOCUMENT HISTORY

DENIAL REASONS (TO BE FILLED IN AND MAINTAINED BY CLIENT)
[Limit to one denial reason for each applicable question]

Associated Question #	Short description	Long Description (2000 characters)
1	Non-formulary/non-preferred – Member can switch to a preferred drug – Wegovy or Saxenda	Your plan does not cover this drug. For your plan, you may need to try 2 other covered drugs. We have denied your request. Your doctor has told us that you will be taking the primary covered drug instead. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. The primary covered drug for your plan is Wegovy or Saxenda. Your doctor may need to get approval from your plan for covered drugs. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.
2	Non-formulary/non-preferred	Your plan does not cover this drug. For your plan, you may need to try 2 other covered drugs. We have denied your request. You did not meet one of these options: A) You have tried the primary covered drug and it did not work well for you, or B) Your doctor gives us a medical reason you cannot take the primary covered drug. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. The primary covered drugs for your plan is Wegovy or Saxenda. Your doctor may need to get approval from your plan for covered drugs. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.
3	Non-formulary/non-preferred – Member can switch to a preferred drug - Documentation	Your plan does not cover this drug. For your plan, you may need to try 2 other covered drugs. We have denied your request. Records showing that you have tried the primary covered drug and the reason it did not work for you, or the reason that you cannot take the primary covered drug must be sent to us. We reviewed the information we had. Your request has been denied because we did not receive your records or your records did not show what your doctor has told us. Your doctor can send us any new or missing information for us to review. The primary covered drugs for your plan is Wegovy or Saxenda. Your doctor may need to get approval from your plan for covered drugs. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.

Associated Question #	Short description	Long Description (2000 characters)

CLIENT SIGNATURE

By signing below, Client hereby directs the custom criteria in this document to be used for prior authorization reviews. Client acknowledges that Client is solely responsible for the criteria, including updating and maintaining the criteria and ensuring any applicable regulatory compliance.

_____ _____

Signature Date

_____

Client Name