SENTARA COMMUNITY PLAN
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Zepbound® (tirzepatide) for Obstructive Sleep Apnea (OSA)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

Recommended Dosage for Obstructive Sleep Apnea:

- Starting dosage of Zepbound for all indications is 2.5 mg injected SC once weekly for 4 weeks.
  - The maintenance dosage for OSA is 10 mg or 15 mg injected SC once weekly
  - The maintenance dosage for weight reduction is 5 mg, 10 mg, or 15 mg, injected SC once weekly

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 6 months

- ❑ Member is 18 years of age or older
- ❑ The requesting provider is managing the member's obstructive sleep apnea

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- ❑ Member has a diagnosis of moderate to severe obstructive sleep apnea (OSA) defined by an apnea-hypopnea index ≥ 15 events/hour confirmed by polysomnography
- ❑ Member is currently on or has tried, failed or unable to tolerate continuous positive airway pressure therapy (CPAP) (an adequate trial is defined as CPAP use for ≥ 4 hours per night on ≥ 70% of nights for two or more months)
- ❑ If unable to tolerate CPAP therapy, please explain the intolerance below:

_____

_____

- ❑ Member has a body mass index (BMI) of ≥ 30kg/m2
- ❑ Member must have participated in a weight loss treatment plan (e.g. nutritional counseling, an exercise regimen, and calorie restricted/fat restricted diet) in the past 6 months and will continue to follow this treatment plan while taking an anti-obesity medication for obstructive sleep apnea
- ❑ Member does **NOT** have craniofacial abnormalities that may affect breathing
- ❑ Member does **NOT** have diagnosis of central or mixed sleep apnea or Cheyne-Stokes respiration
- ❑ Member is **NOT** using any other GLP-1 product
- ❑ Member does **NOT** have pancreatitis, acute suicidal behavior/ideation, gastroparesis or using prokinetic drugs (i.e metoclopramide), personal or family history of medullary thyroid cancer or multiple endocrine neoplasia 2 syndrome
- ❑ Documentation submitted:
  - ❑ Polysomnography conducted within the last 12 months
  - ❑ Weight loss treatment plan within the past 6 months

Reauthorization: up to 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member continues to meet the criteria
- ❑ Member is being treated with a maintenance dosage of the requested drug
- ❑ Documentation that the member has experienced improvement in OSA symptoms

Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

***Approved by Pharmacy and Therapeutics Committee**: 1/23/2025
REVISED/UPDATED/REFORMATTED: ~~1/28/2025; 4/18/2025; 6/20/2025, 2/19/2026;~~ **3/11/2026**