

# 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 medication is prescribed by an otolaryngologist (ENT), neurologist, pulmonologist or sleep apnea specialist
- 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  $\geq 15$  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  $\geq 4$  hours per night on  $\geq 70\%$  of nights for two or more months)
- If unable to tolerate CPAP therapy, please explain the intolerance below:  

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- Member has a body mass index (BMI) of  $\geq 30\text{kg/m}^2$
- 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.\****