



Kaiser Permanente Health Plan of Mid-Atlantic States, Inc.
Weight Loss Agents Prior Authorization (PA)
Pharmacy Benefits Prior Authorization Help Desk
Length of Authorizations: Initial- 6 months; Continuation- 6 months

Instructions:

This form is used by Kaiser Permanente and/or participating providers for coverage of **Weight Loss Agents**. Please complete and fax this form back to Kaiser Permanente within 24 hours [fax: [1-866-331-2104](tel:1-866-331-2104)]. If you have any questions or concerns, please call [1-866-331-2103](tel:1-866-331-2103). **Requests will not be considered unless this form is complete.** The KP-MAS Formulary can be found at: [Pharmacy | Community Provider Portal | Kaiser Permanente](#)

1 – Patient Information

Patient Name: _____ Kaiser Medical ID#: _____ Date of Birth: _____

2 – Provider Information

Provider Name: _____ Provider NPI: _____

Provider Address: _____

Provider Phone #: _____ Provider Fax #: _____

Please check the boxes that apply:

- Initial Request- Complete questions**
- Continuation of Therapy Request-Complete questions 4-6**

3 – Pharmacy Information

Pharmacy Name: _____ Pharmacy NPI: _____

Pharmacy Phone # _____ Pharmacy Fax #: _____

4 – Drug Therapy Requested

Drug 1: Name/Strength/Formulation: _____

Sig: _____

Drug 2: Name/Strength/Formulation: _____

Sig: _____

5 – Diagnosis

- Initial Request

Body Mass Index (BMI) Requirements: **Adult Patients:**

- BMI \geq 30, without risk factors
- BMI \geq 27, with \geq 2 of the following risk factors (select below)

- Coronary Heart Disease
- Dyslipidemia
- Hypertension
- Sleep Apnea
- Type 2 Diabetes

Pediatric Patients:

Imcivree

- BMI \geq 30 or \geq 95th percentile on pediatric growth chart

Wegovy®, Saxenda®, and Zepbound

- Patient 12–18 years of age, with a BMI of \geq 140% of the 95th percentile by age and sex
- Patient 12–18 years of age, with an initial BMI that is \geq 120% of the 95th percentile by age and sex with two or more of the following risk factors: coronary heart disease, dyslipidemia, hypertension, sleep apnea, type 2 diabetes

6 – Clinical Criteria

1. Age requirements:

- Is the member \geq 16 years old? (See specific age-related indications for Saxenda, Wegovy, Imcivree, Zepbound)
 - No Yes
- Saxenda, Wegovy is the patient \geq 12 years old?
 - No Yes
- Imcivree, is the patient \geq 6 years old?
 - No Yes
- Zepbound, Contrave is the patient \geq 18 years old?
 - No Yes

2. Does the patient have any of the following contraindications?

- Malabsorption Syndromes Cholestasis Pregnant and/or Breastfeeding History of Eating Disorders
- Chronic Opioid Use (contraindicated with Contrave) Medical contraindication to the use of Lipase Inhibitors (for Xenical)

3. Does provider attest that the patient's obesity is disabling and life threatening (i.e., puts the patient at risk for high-morbidity conditions): No Yes

Imcivree additional Criteria:

- Is therapy prescribed by or in consultation with an endocrinologist or geneticist? And,
 - No Yes
- Does the member have proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency, as confirmed by a genetic test; AND
 - No Yes
- Member's genetic variants are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS)
 - No Yes
- Does the member have Bardet-Biedl syndrome (BBS)
 - No Yes

Saxenda, Wegovy, Zepbound additional Criteria:

- Has member tried and failed a 30-day therapy of a non-GLP-1 weight loss drug in the last 6 months?
 - No Yes; If yes, list therapy and outcome: _____
- Does the member have a documented intolerance or allergy to a non-GLP-1 weight loss drug:
 - No Yes; If yes, list therapy and outcome: _____ Attest that member is not concurrently on Victoza® or Ozempic® or other GLP-1 inhibitors

ContraVe additional Criteria:

- Member is not concurrently using opioids
4. Please provide documentation of the patient's current medical status, including:
- Nutritional or Dietetic Assessment No Yes
 - Describe Current Weight Loss Plan with Diet and Exercise Components:

5. **Initial Request Length of Approval Varies** (Drug Specific):

- Benzphetamine, diethylpropion, phendimetrazine, phentermine, Qsymia, ContraVe®, – 3 months
- Wegovy/Zepbound™, Alli®/Xenical - 6 months
- Saxenda® and Imcivree™ – 4 months

Continuation of Therapy:

Note: *Applicable to all WL therapies:*

- *Members lacking a weight loss response may still be considered for renewal with two or more of the following weight related risk factors: coronary heart disease, dyslipidemia, hypertension, sleep apnea, type 2 diabetes.*
- *At this time, authorization requests over one year are subject to initial criteria including all documentation.*
- *In the event of an FDA recognized shortage, approved members will be eligible for the full allotment of approved drug once the shortage is resolved.*

1. Check all that apply

Continue to meet Initial Therapy criteria Yes No

BMI ≥ 24 Yes No

Documentation of continued weight loss while on requested therapy _____

Initial BMI: _____ Initial Weight: _____ Initial Height: _____

Current BMI or % of 95th percentile weight (12–18 y.o.): _____

Current Weight: _____ Current Height: _____

Other Diagnosis/Risk Factors: _____

Current Medications: _____

2. Is there any contraindication for this use, malabsorption syndromes, cholestasis, pregnancy, and/or lactation?

No Yes

3. Summarize details of previous weight-loss treatment plans to include diet and exercise plans, in addition to submitting a copy of the plan consistent with Question 4:

4. Continuation of Therapy additional requirements (Drug Specific):

- **Benzphetamine, diethylpropion, phendimetrazine, phentermine** – If the member achieves at least a 10 lb. weight loss during the initial 3 months of therapy, an additional 3-month SA may be granted. Maximum length of continuous drug therapy is 6 months (waiting period of 6 months before next request).
- **Qsymia®** – If the member achieves a weight loss of at least 3% of baseline weight, an additional 3-month SA may be granted. For a subsequent renewal, member must meet a weight loss of at least 5% of baseline weight to qualify for an additional 6-month SA. Maximum length of continuous drug therapy is 12 months (waiting period of 6 months before next request).

- **Xenical®/Alli** – If the member achieves at least a 10 lb. weight loss, an additional 6-month SA may be granted. Maximum length of continuous drug therapy is 24 months (waiting period of 6 months before next request).
 - **Contrave®** – Approve for 6 months with each renewal if weight reduction continues.
 - **Saxenda®** – If the member achieves a weight loss of at least 4% of baseline weight, an additional 6-month SA may be granted as long as weight reduction continues.
 - **Imcivree™** – If the member has experienced ≥ 5% reduction in body weight (or ≥ 5% of baseline BMI in those with continued growth potential), an additional 1 year SA may be granted.
- Wegovy/Zepbound™** - If the member achieves a weight loss of at least 5% of baseline weight, an additional 6 month SA may be granted.

7 – Provider Sign-Off

Additional Information –

1. **Please submit chart notes/medical records for the patient that are applicable to this request.**
2. **If member has not tried preferred agent(s) please provide rationale/explanation and any additional supporting information that should be taken into consideration for the requested medication:**

I certify that the information provided is accurate. Supporting documentation is available for State audits.

Provider Signature:	Date:
----------------------------	--------------

Please Note: This document contains confidential information, including protected health information, intended for a specific individual and purpose. The information is private and legally protected by law, including HIPAA. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. Please notify sender if document was not intended for receipt by your facility