



Fax completed form to Navitus at: 855-668-8553
For questions, please call: 877-908-6023

TEXAS MEDICAID

Drug Prior Authorization

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

Request Information (required)

This request is:

- Expedited* (Urgent)**
 Standard (Non-Urgent)

*Expedited means the standard review time may seriously harm the member's life, health, or ability to regain maximum function.

Member Information (required)

Prescriber Information (required)

Member Name:			Prescriber Name:		
Member Insurance ID #:			NPI # :		Specialty:
Date of Birth:			Office Phone:		
Member Phone:			Office Fax:		
Member Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:

Please fill out the following information:

1. Medication Requested (Name):
(Go to #2)

2. Quantity Requested:
(Go to #3)

3. Dose Requested (Strength):
(Go to #4)

4. Dosing Instructions:
(Go to #5)

Required Criteria

5. Provide primary diagnosis including ICD-10 code(s):
(Go to #6)

6. Please indicate the requested drug's formulary status: *(Formulary available at www.txvendordrug.com)

Non-Preferred Drug (NPD or NAP)

(Go to #7)

Preferred Drug (PDL)

(Go to #10)

No Status, Drug is not in a Market Basket

(Go to #10)

N/A as this request is for a CHIP/PERINATE member

(Go to #10)

Preferred Drug List (PDL) Criteria (required for non-preferred products)

7. Has the member failed a 14-day treatment trial with at least one (1) preferred agent in the last 180 days?

Yes

(Go to #10)

No

(Go to #8)

8. Is there a documented allergy or contraindication to preferred agents in this class?

Yes

(Go to #10)

No

(Go to #9)

9. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?

Yes

(Go to #10)

No (Deny)

(Go to #10)

Clinical Criteria (required)

10. Is the member greater than or equal to (\geq) 18 years of age?

Yes

(Go to #12)

No (and request is for Bydureon BCise, Trulicity or Victoza)

(Go to #11)

No (and request is for any agent other than Bydureon BCise, Trulicity or Victoza - Deny)

(Go to #11)

11. Is the member greater than or equal to (\geq) 10 years of age?

Yes

(Go to #12)

No (Deny)

(Go to #12)

12. Does the member have a diagnosis of type 2 diabetes in the last 365 days?

Yes

(Go to #13)

No (Deny)

(Go to #13)

13. Does the member have a history of an oral antidiabetic agent for 14 consecutive days in the last 365 days?

Examples of oral antidiabetic agents include: ACTOPLUS MET XR, alogliptin (NESINA), AVANDIA, FARXIGA, glimepiride (AMARYL), glipizide (GLUCOTROL (XL)), glyburide (GLYNASE), GLYSET, GLYXAMBI, INVOKAMET, INVOKANA, JANUMET, JANUVIA, JARDIANCE, JENTADUETO, KAZANO, KOMBIGLYZE XR, metformin (FORTAMET ER, GLUCOPHAGE, GLUMETZA ER, RIOMET), nateglinide (STARLIX), ONGLYZA, OSENI, pioglitazone, PRECOSE, QTERN, repaglinide, STEGLUJAN, SYNJARDY, TRADJENTA, XIGDUO XR and others.

Yes

(Go to #17)

No

(Go to #14)

14. Does the member have a history of the requested medication for 14 consecutive days in the last 365 days?

Yes

(Go to #17)

No (and the request is for Ozempic, Trulicity or Victoza)

(Go to #15)

No (and the request is for an agent other than Ozempic, Trulicity or Victoza - Deny)

(Go to #15)

15. Does the member have a history of atherosclerotic cardiovascular disease (ASCVD), heart failure (HF), or chronic kidney disease (CKD) in the last 365 days?

Yes

(Go to #16)

No (Deny)

(Go to #16)

16. Is the member greater than or equal to (\geq) 18 years of age?

Yes

(Go to #17)

No

(Go to #17)

17. Does the member have a history of End-Stage Renal Disease (ESRD), pancreatitis, gastroparesis, medullary thyroid carcinoma (MTC), or multiple endocrine neoplasia syndrome type 2 (MEN 2) in the last 730 days?

Yes (Deny)

(Go to #18)

No

(Go to #18)

18. Does the member have a history of End-Stage Renal Disease (ESRD) services (CPT codes) in the last 730 days?

Yes (Deny)

(Go to #19)

No

(Go to #19)

19. Does the member have a history of a hemoglobin A1c (HbA1c) test in the last 180 days?

Yes
(Go to #20)

No (Deny)
(Go to #20)

20. Will the member be using another drug in this drug class (a glucagon-like peptide-1 receptor agonist (GLP-1 RA) containing agent) together with the requested drug?

Examples of GLP-1 RA containing agents include: BYDUREON BCISE, BYETTA, MOUNJARO, OZEMPIC, RYBELSUS, SOLIQUA, TRULICITY, VICTOZA, and XULTOPHY.

Yes (Deny)
(Go to #21)

No (Approve - 365 days)
(Go to #21)

Additional Information

21. Please provide any additional information we should consider (or attach any supporting documents):
(END)

Submission Information (required)

Prescriber Signature: _____ **Date:** _____

**** PLEASE FAX COMPLETED FORM TO: 855-668-8553 ****

Drug Prior Authorization

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

If criteria not met, submit chart documentation with form citing complex medical circumstances.

For questions, please call Customer Care at 877-908-6023

For questions, please call Navitus Customer Care at 1-877-908-6023.