

# Insurance Prior Authorization Checklist for GLP-1 Medications

A Printable Patient Guide | Updated February 2026

**Why This Checklist Matters:** Over 88% of insurance plans that cover GLP-1 medications for weight loss now require prior authorization. The overall rejection rate is 62.4%. Having complete documentation ready before your doctor submits the request is the single most important factor in getting approved.

## How to Use This Checklist

Print this document and bring it to your next doctor's appointment. Work through each section with your healthcare provider to ensure all required documentation is gathered **before** the prior authorization request is submitted. A complete submission dramatically increases your chances of first-time approval.

### Section 1: Patient & Insurance Information

Patient Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Pharmacy Name & Phone: \_\_\_\_\_

Prescribing Provider: \_\_\_\_\_

Provider NPI #: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section 2: Medication Requested

Check the medication your doctor is prescribing:

- Wegovy** (semaglutide injection) — Weight Management
- Ozempic** (semaglutide injection) — Type 2 Diabetes / CV Risk
- Rybelsus** (oral semaglutide) — Type 2 Diabetes
- Zepbound** (tirzepatide injection) — Weight Management
- Mounjaro** (tirzepatide injection) — Type 2 Diabetes

**Saxenda** (liraglutide injection) — Weight Management

**Other:** \_\_\_\_\_

Prescribed Dose: \_\_\_\_\_ Quantity: \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration of Authorization Requested: \_\_\_\_\_

### Section 3: Primary Diagnosis (ICD-10 Codes)

Check all diagnoses that apply. Your doctor will use these codes on the PA form:

- E66.01** — Morbid (Severe) Obesity due to excess calories (BMI ≥ 40)
- E66.09** — Other Obesity due to excess calories (BMI 30–39.9)
- E66.3** — Overweight (BMI 25–29.9)
- E11.9** — Type 2 Diabetes Mellitus without complications
- E11.65** — Type 2 Diabetes Mellitus with hyperglycemia
- E78.5** — Dyslipidemia, unspecified (High Cholesterol)
- I10** — Essential (Primary) Hypertension
- G47.33** — Obstructive Sleep Apnea
- I25.10** — Atherosclerotic Heart Disease
- K76.0** — Non-alcoholic Fatty Liver Disease (NAFLD)
- Other:** \_\_\_\_\_

### Section 4: BMI & Weight Documentation

Most insurers require a BMI of ≥ **30 kg/m<sup>2</sup>** OR ≥ **27 kg/m<sup>2</sup>** with at least one weight-related comorbidity for weight management medications. For diabetes indications, BMI requirements may differ.

Current Weight: \_\_\_\_\_ lbs / kg Current Height: \_\_\_\_\_ ft in / cm

Current BMI: \_\_\_\_\_ kg/m<sup>2</sup>

Highest Recorded BMI (with date): \_\_\_\_\_ on \_\_\_\_\_

BMI at Start of Lifestyle Intervention: \_\_\_\_\_ on \_\_\_\_\_

BMI Range	Classification	Typical PA Requirement
18.5 – 24.9	Normal Weight	Not eligible for weight-loss GLP-1s
25.0 – 26.9	Overweight	Generally not eligible
27.0 – 29.9	<b>Overweight</b>	<b>Eligible with ≥1 comorbidity</b>
30.0 – 34.9	<b>Obesity Class I</b>	<b>Eligible (most plans)</b>
35.0 – 39.9	<b>Obesity Class II</b>	<b>Eligible (most plans)</b>
≥ 40.0	<b>Obesity Class III</b>	<b>Eligible (all plans)</b>

## Section 5: Required Clinical Documentation

Gather all of the following documents before your doctor submits the PA request. Check off each item as it is completed or obtained:

- Letter of Medical Necessity (LMN)** — A detailed letter from your prescribing doctor explaining why this specific GLP-1 medication is medically necessary for your condition, the risks of not treating, and a summary of supporting clinical evidence.
- Recent Office Visit Chart Notes** — Clinical notes from your most recent visits (within the last 90 days) documenting your weight, BMI, diagnosis, and treatment plan.
- Weight History Documentation** — Records showing your weight trajectory over the past 6–12 months, ideally demonstrating that lifestyle interventions alone have been insufficient.
- Proof of Lifestyle Modification** — Documentation of participation in a structured diet and exercise program for at least 3–6 months. This may include dietitian visits, gym records, or a supervised weight management program.
- Lab Results** — Recent laboratory work supporting your diagnosis:
  - HbA1c (Hemoglobin A1C) — for diabetes diagnosis/management
  - Fasting Lipid Panel — for dyslipidemia documentation
  - Liver Function Tests (AST, ALT) — for NAFLD documentation
  - Fasting Glucose / Fasting Insulin — for metabolic assessment
  - Thyroid Panel (TSH) — to rule out thyroid-related weight gain
- Step Therapy Documentation** — If your plan requires step therapy, provide records showing you tried and failed (or had contraindications to) preferred alternatives such as metformin, phentermine, liraglutide (Saxenda), or orlistat (Xenical/Alli).
- Specialist Consultation Reports** — Reports from endocrinologists, cardiologists, sleep medicine specialists, or other relevant providers.
- Prior Authorization Form** — Your insurer's specific PA form, completed and signed by your prescribing provider. (Available from your insurer's website or pharmacy benefits manager.)

## Section 6: Know Your Insurer's Criteria

Different insurance companies have different criteria for approving GLP-1 medications. The table below summarizes common requirements across major insurers. Contact your specific plan to confirm their exact criteria.

Criteria	Weight Management (Wegovy, Zepbound, Saxenda)	Type 2 Diabetes (Ozempic, Mounjaro, Rybelsus)
<b>BMI Threshold</b>	≥ 30, or ≥ 27 with comorbidity	No specific BMI required (diagnosis-based)
<b>Comorbidity Required?</b>	Yes, if BMI 27–29.9 (e.g., HTN, T2DM, dyslipidemia, OSA)	No (T2DM is the primary indication)
<b>Lifestyle Modification</b>	3–6 months documented diet/exercise	Generally not required
<b>Step Therapy</b>	Some plans require trying Saxenda or phentermine first	Many plans require trying metformin first
<b>Initial Auth Period</b>	6 months	6–12 months
<b>Renewal Criteria</b>	≥ 5% weight loss from baseline	A1C improvement or at-goal maintenance
<b>PA Decision Timeline</b>	72 hrs (urgent) / 7 days (standard)	72 hrs (urgent) / 7 days (standard)

### Understanding Step Therapy

Step therapy (also called "fail-first") means your insurer requires you to try one or more lower-cost medications before they will approve the drug your doctor originally prescribed. If the preferred drug does not work or causes unacceptable side effects, your doctor can then request the originally prescribed medication. Document the following for each step therapy drug tried:

Step Therapy Drug #1: \_\_\_\_\_ Dates Used: \_\_\_\_\_ to \_\_\_\_\_

Reason for Discontinuation: \_\_\_\_\_

Step Therapy Drug #2: \_\_\_\_\_ Dates Used: \_\_\_\_\_ to \_\_\_\_\_

Reason for Discontinuation: \_\_\_\_\_

## Section 7: If Your PA Is Denied — Appeal Roadmap

**Important:** An initial denial is NOT the final answer. Over 60% of initial GLP-1 PA requests are rejected, but many are overturned on appeal when stronger documentation is provided. You have the legal right to appeal every denial.

#	Step	What to Do	Timeline
1	<b>Read the Denial Letter</b>	Identify the specific reason for denial. Common reasons: missing documentation, BMI not met, step therapy not completed, formulary exclusion.	Immediately
2	<b>Peer-to-Peer Review</b>	Ask your doctor to request a phone call with the insurer's medical director to discuss your case. This is often the fastest resolution.	Within 5 business days
3	<b>Internal Appeal</b>	Submit a formal written appeal with: updated Letter of Medical Necessity, additional lab results, clinical study citations, and any missing documentation.	File within 60–180 days of denial
4	<b>External Review</b>	If internal appeal is denied, request an independent external review. An outside medical expert reviews your case without the insurer's financial bias.	Decision within 45–60 days
5	<b>State Insurance Commissioner</b>	File a complaint with your state's Department of Insurance if you believe the denial is unjust. This creates a formal regulatory record.	Any time

### What to Include in Your Appeal Letter

- Patient demographics** and insurance information
- Specific denial reason** quoted from the denial letter
- Updated Letter of Medical Necessity** addressing each denial reason point by point
- Additional clinical documentation** (new lab results, specialist reports)
- Citations from clinical guidelines** (AMA, Endocrine Society, AGA) supporting the prescribed medication
- Published clinical trial data** (STEP trials for semaglutide, SURMOUNT trials for tirzepatide)
- Statement of patient impact** describing how the denial affects the patient's health and quality of life

### Section 8: PA Tracking Record

Use this section to track the status of your prior authorization request. Record all dates, reference numbers, and contacts for your records.

Date PA Submitted: \_\_\_\_\_

PA Reference / Case Number: \_\_\_\_\_

Submitted By (Provider Name): \_\_\_\_\_

Submitted To (Insurer Contact): \_\_\_\_\_

Method of Submission:  Electronic (CoverMyMeds)  Fax  Phone  Mail

Date Decision Received: \_\_\_\_\_

Decision:  Approved  Denied  Pending Additional Info

If Denied — Reason: \_\_\_\_\_

Appeal Filed:  Yes  No Date Filed: \_\_\_\_\_

Appeal Reference #: \_\_\_\_\_

Appeal Decision:  Approved  Denied  Pending

External Review Filed:  Yes  No Date: \_\_\_\_\_

### Section 9: Helpful Resources

Resource	Website / Contact	Purpose
<b>CoverMyMeds</b>	covermymeds.com	Electronic PA submission platform
<b>NovoCare</b>	novocare.com	Novo Nordisk patient assistance & savings programs
<b>Lilly Cares</b>	lillycares.com	Eli Lilly patient assistance for Mounjaro/Zepbound
<b>Medicare.gov</b>	medicare.gov	Check Medicare Part D formulary & coverage
<b>State Insurance Dept.</b>	naic.org/state-map	Find your state insurance commissioner for complaints
<b>Obesity Action Coalition</b>	obesityaction.org	Patient advocacy & appeal guidance

### Notes

---



---



---



---

---

**Disclaimer:** This checklist is provided by Synedica Laboratories for informational and educational purposes only. It does not constitute medical, legal, or insurance advice. Always consult with a licensed healthcare professional and your insurance provider for guidance specific to your situation. Synedica Laboratories is not affiliated with any insurance company, pharmacy benefits manager, or pharmaceutical manufacturer mentioned in this document. Wegovy, Ozempic, and Rybelsus are registered trademarks of Novo Nordisk A/S. Mounjaro and Zepbound are registered trademarks of Eli Lilly and Company. Information is current as of February 2026 and may change. For the latest information, visit [cms.gov](https://www.cms.gov), your insurer's website, or speak with your healthcare provider.

© 2026 Synedica Laboratories | [synedica.co](https://synedica.co) | For informational purposes only