

Prior Authorization Appeal Checklist

A step-by-step guide to help you and your healthcare provider navigate a Wegovy® insurance denial.



PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Insurance Provider: _____ Policy/Member ID: _____

Prescribing Provider: _____ Provider NPI: _____

Pharmacy Name: _____ Date of Denial: _____



1 UNDERSTAND THE DENIAL

Before you begin the appeal, carefully review the denial letter from your insurance company. Understanding the exact reason for the denial is critical to building a successful appeal.

Obtain and read the full denial letter from your insurance company

Identify the specific reason for denial (check one below):

Patient does not meet clinical criteria (BMI requirements)

Your BMI or comorbidity documentation was insufficient or did not meet the plan's threshold.

Plan exclusion: anti-obesity medications are not a covered benefit

Your insurance plan explicitly excludes weight loss drugs. Consider the cardiovascular indication.

Step therapy requirement not met

You must try and fail a preferred (cheaper) medication before the plan will cover Wegovy.

Wegovy is non-formulary (not on the plan's drug list)

A formulary exception request may be needed alongside the appeal.

Missing or incomplete information on the PA form

The original submission was missing required documentation. This is often the easiest to fix.

Other reason (note below):

Denial Reason Details: _____

Note the deadline for filing an appeal (typically 30-180 days)

2 GATHER CLINICAL DOCUMENTATION

A successful appeal requires comprehensive clinical evidence. Work with your healthcare provider to assemble the following documents.

Patient Medical Records

- Current BMI calculation with date (must be ≥ 30 , or ≥ 27 with comorbidity)**
- Weight history over the past 2-5 years (demonstrating chronic condition)
- Documented weight-related comorbidities with ICD-10 codes:**
 - Hypertension (ICD-10: I10)
 - Type 2 Diabetes Mellitus (ICD-10: E11.x)
 - Dyslipidemia (ICD-10: E78.x)
 - Obstructive Sleep Apnea (ICD-10: G47.33)
 - Cardiovascular Disease (ICD-10: I25.x)
 - Other: _____

Prior Weight Loss Attempts

- Documentation of supervised diet/exercise program (dates, duration, results)
- Records of prior weight loss medications tried and failed (names, dates, outcomes)
- Documentation of behavioral/lifestyle counseling

Laboratory Results

- Recent HbA1c (if diabetic)
- Lipid panel
- Fasting glucose / insulin levels
- Liver function tests (if applicable)

3 PREPARE THE LETTER OF MEDICAL NECESSITY

The Letter of Medical Necessity (LMN) is the most important document in your appeal. It should be written by your prescribing provider on their official letterhead.

The letter should include:

- Patient identification (name, DOB, policy number)**
- Specific denial reference number and date
- Clinical diagnosis with ICD-10 codes (E66.01 for morbid obesity, E66.09 for other obesity)
- Current BMI and weight, with measurement date
- Detailed history of weight-related comorbidities and their impact on health

- Summary of all prior weight loss attempts and why they were insufficient
- Clinical rationale for why Wegovy is medically necessary for THIS patient
- Reference to FDA-approved indications and clinical trial data (STEP trials)
- If applicable: reference to the cardiovascular risk reduction indication (SELECT trial)
- Statement addressing the specific denial reason
- Provider signature, credentials, NPI, and date

PRO TIP

Reference specific clinical trials: STEP 1 showed 14.9% mean weight loss vs 2.4% with placebo. The SELECT trial demonstrated a 20% reduction in major adverse cardiovascular events.

4 SUBMIT THE APPEAL & FOLLOW UP

Submission

- Compile all documents into a single organized appeal package**
- Submit the appeal via the method specified in the denial letter (fax, mail, or portal)
- Keep copies of ALL submitted documents for your records
- Note the date of submission and the expected response timeframe

Follow-Up

- Call the insurance company 5-7 business days after submission to confirm receipt
- Request a reference/tracking number for the appeal
- If denied again: request a Peer-to-Peer Review (provider calls insurer's medical director)**
- If Peer-to-Peer is denied: file a formal external appeal (independent review)

Appeal Submitted On: _____

Confirmation/Reference #: _____

Expected Response By: _____

5 IF ALL APPEALS ARE EXHAUSTED

If your appeal is ultimately unsuccessful, there are still options available to you.

- Ask your provider about the Novo Nordisk Patient Assistance Program (NovoCare®)**
Call 1-888-809-3942 or visit NovoCare.com for eligibility information.
- Check eligibility for the Wegovy® Savings Card (for commercially insured patients)
May reduce out-of-pocket costs to as low as \$0 for eligible patients.
- Discuss alternative medications with your provider (e.g., Ozempic off-label, tirzepatide)

- Contact your employer's HR/Benefits department to advocate for plan coverage changes
- File a complaint with your state's Department of Insurance if you believe the denial was unjust

 **NOTES**

Disclaimer: This checklist is provided by Synedica Laboratories for informational purposes only and does not constitute medical or legal advice. Always consult with your healthcare provider and insurance company for guidance specific to your situation. Wegovy® is a registered trademark of Novo Nordisk A/S.