

GLP-1 Prior Authorization Checklist

Built from the most common denial reasons across commercial payers. Includes pre-submission documentation checklist, safety screen requirements, and chart documentation language.

For use with: Semaglutide (Ozempic®/Wegovy®) · Liraglutide (Saxenda®/Victoza®) · Tirzepatide (Mounjaro®/Zepbound®) · Dulaglutide (Trulicity®)

SECTION 1

Pre-Submission Checklist

Confirm all items are documented before submitting. Missing any one of these is the most common reason for initial denial.

DIAGNOSIS & BMI DOCUMENTATION

■ **Primary obesity ICD-10 documented**
E66.01 (morbid obesity due to excess calories) or E66.09 (other obesity)

■ **BMI documented with Z68 code at current visit**
Z68.30–Z68.45 — must match visit date, not prior encounter

■ **At least one obesity-related comorbidity coded**
E11.x (T2DM), I10 (HTN), E78.x (dyslipidemia), G47.33 (OSA), M47.x (OA)

■ **Height and weight recorded in today's note**
Some payers require documented BMI \geq 30 (or \geq 27 with comorbidity) in the visit note itself

CLINICAL HISTORY & PRIOR TREATMENT

■ Lifestyle intervention attempts documented with dates

Most payers require 3–6 months of supervised diet/exercise. Include program name, dates, outcome.

■ Step therapy addressed (if applicable)

If payer requires prior failure of orlistat, phentermine, etc. — document trial, dose, duration, reason for discontinuation

■ Prior weight management history summarized

Previous diet programs, commercial plans, prior medications, surgical history

■ Relevant comorbidities documented with clinical impact

E.g., 'obesity contributes to poorly controlled hypertension requiring three agents'

NOTE COMPONENTS

■ Shared decision-making language included

Document that treatment options, risks, benefits, and patient's preference were discussed

■ Patient education provided — documented

Injection technique, storage, dose escalation schedule, side effect counseling

■ Letter of medical necessity prepared (if required)

Some payers require a separate LMN — confirm before submitting PA

■ Follow-up plan documented

Appointment interval for dose titration and tolerance monitoring (typically 4–6 weeks)

SECTION 2

Safety Screen — Required Documentation

The following contraindication screen must be documented before initiating any GLP-1 receptor agonist or GIP/GLP-1 dual agonist. These are not optional — they address black box warning requirements and medico-legal documentation standards.

THYROID CANCER & MEN2 — BLACK BOX WARNING

BLACK BOX WARNING (all GLP-1 RAs and tirzepatide): GLP-1 receptor agonists cause thyroid C-cell tumors in rodents at clinically relevant exposures. Relevance to humans is unknown. These medications are **CONTRAINDICATED** in patients with a personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN2).

Patient denies personal history of medullary thyroid carcinoma (MTC)
Ask specifically — 'thyroid cancer' is insufficient; patient may not know the subtype

Patient denies family history of medullary thyroid carcinoma (MTC)
First-degree relatives. Document degree of relation if history is present.

Patient denies personal or family history of MEN2 (Multiple Endocrine Neoplasia type 2)
MEN2A and MEN2B both constitute absolute contraindication. RET proto-oncogene mutation = MEN2.

If MTC/MEN2 history present — medication not initiated, alternative discussed
Document alternative treatment plan. GLP-1s are absolutely contraindicated in this setting.

Recommended charting language — Family History section:
"Patient denies personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia type 2 (MEN2). No known RET proto-oncogene mutation in patient or first-degree relatives. Black box warning for thyroid C-cell tumors reviewed with patient. Patient understands and accepts this risk. Proceed with GLP-1 initiation."

PANCREATITIS HISTORY

CAUTION: GLP-1 receptor agonists have been associated with acute pancreatitis. The FDA requires that patients be informed of the risk and instructed to seek immediate medical attention for persistent severe abdominal pain. History of pancreatitis is a relative contraindication — use requires careful risk/benefit assessment.

■ Patient denies history of acute pancreatitis

Ask about prior hospitalizations, elevated lipase/amylase, or episodes of severe upper abdominal pain

■ Patient denies history of chronic pancreatitis

Alcohol-related, idiopathic, or hereditary. Chronic pancreatitis is a stronger relative contraindication.

■ If pancreatitis history present — etiology, date, and resolution documented

Document: cause (alcohol, gallstones, idiopathic), date, whether fully resolved, and shared decision-making re: risk/benefit

■ Patient counseled on pancreatitis risk and warning symptoms

Persistent, severe abdominal pain radiating to the back — instruct to stop medication and seek immediate care

■ Serum triglycerides reviewed if applicable

Hypertriglyceridemia (> 500 mg/dL) significantly increases pancreatitis risk. Treat TGs before initiating if severely elevated.

Recommended charting language — Past Medical History / HPI:

"Patient denies personal history of acute or chronic pancreatitis. No prior hospitalizations for abdominal pain attributed to pancreatic etiology. Patient counseled on GLP-1-associated pancreatitis risk. Instructed to stop medication and present to ED for persistent severe abdominal pain."

GALLBLADDER DISEASE

GLP-1 receptor agonists are associated with increased rates of cholelithiasis (gallstones) and cholecystitis, likely due to slowed gallbladder motility and reduced bile acid secretion. This is not a contraindication but requires baseline documentation and informed consent.

■ Gallbladder disease history documented (active or prior)

Include: cholelithiasis, cholecystitis, biliary colic, choledocholithiasis, biliary dyskinesia

■ Prior cholecystectomy noted in chart

If cholecystectomy has been performed, note date and indication. Post-cholecystectomy patients may still be initiated.

■ Active symptomatic gallbladder disease ruled out before initiation

Do not initiate during active cholecystitis or biliary obstruction. Resolve acute disease first.

■ Patient counseled on increased risk of gallstone formation

Symptoms to report: right upper quadrant pain, nausea post-eating, fever with abdominal pain

■ Rapid weight loss counseling provided

Rapid weight loss independently increases gallstone risk — common with GLP-1 therapy in the first 3–6 months

□ Recommended charting language — Past Medical History:

"Patient [denies / reports] prior history of gallbladder disease. [No prior cholecystectomy. / Cholecystectomy performed: _____.] No active biliary symptoms at this time. Patient counseled on GLP-1-associated increased risk of cholelithiasis and cholecystitis. Instructed to report right upper quadrant pain, nausea after eating, or fever."

SECTION 3

Additional Safety Documentation

ADDITIONAL ITEMS TO SCREEN AND DOCUMENT

<p>■ Pregnancy status confirmed / contraception plan documented</p>	<p>GLP-1s are contraindicated in pregnancy. Discontinue 2 months before planned conception (semaglutide); 1 month for liraglutide/dulaglutide. Document contraceptive use if applicable.</p>
<p>■ Diabetic retinopathy status reviewed (semaglutide)</p>	<p>Rapid HbA1c reduction with semaglutide is associated with worsening of pre-existing proliferative diabetic retinopathy. Baseline eye exam within 12 months recommended if T2DM present.</p>
<p>■ Renal function reviewed — eGFR documented</p>	<p>Not a contraindication for most GLP-1s, but relevant context. Tirzepatide: no dose adjustment needed. Exenatide IR contraindicated if eGFR < 30.</p>
<p>■ Heart rate baseline documented</p>	<p>GLP-1s increase resting heart rate by 2–4 bpm on average. Relevant in patients with pre-existing tachyarrhythmia. Document baseline HR.</p>
<p>■ Gastroparesis or severe GI dysmotility disclosed</p>	<p>Relative contraindication — GLP-1s further delay gastric emptying. If known gastroparesis, shared decision-making and GI input recommended.</p>
<p>■ Personal or family history of hereditary pancreatitis (PRSS1, SPINK1, CFTR) screened</p>	<p>Hereditary pancreatitis mutations significantly increase lifetime pancreatitis risk — document family history if relevant.</p>

SECTION 4

ICD-10 Quick Reference

PRIMARY OBESITY CODES

Code	Description	Use When	PA Required?
E66.01	Morbid (severe) obesity due to excess calories	BMI <input type="checkbox"/> 40, or <input type="checkbox"/> 35 with comorbidity	<input type="checkbox"/> Yes — strongest for PA
E66.09	Other obesity due to excess calories	BMI 30–39.9 without severe comorbidity	<input type="checkbox"/> Yes — include comorbidity code
E66.9	Obesity, unspecified	Avoid — too nonspecific for PA	<input type="checkbox"/> Weak — avoid for GLP-1 PA

BMI CODES (Z68) — REQUIRED AT EACH PA-RELEVANT VISIT

Place the Z68 BMI code in a left-column table for easier scanning by the reviewer:

Code	BMI Range	Code	BMI Range
Z68.30	30.0–30.9	Z68.35	35.0–35.9
Z68.31	31.0–31.9	Z68.36	36.0–36.9
Z68.32	32.0–32.9	Z68.37	37.0–37.9
Z68.33	33.0–33.9	Z68.38	38.0–38.9
Z68.34	34.0–34.9	Z68.39	39.0–39.9
		Z68.41–Z68.45	41–45+ (morbid obesity range)

HIGH-VALUE COMORBIDITY CODES FOR GLP-1 PA

Code	Condition	Notes
E11.x	Type 2 Diabetes Mellitus	Strongest comorbidity for coverage. Ozempic/Victoza approved for T2DM — often covered without separate obesity PA.
I10	Essential Hypertension	Always include if present. Strengthens medical necessity argument.
E78.5 / E78.00	Hyperlipidemia / Pure hypercholesterolemia	Common comorbidity — include when documented.
G47.33	Obstructive Sleep Apnea	Tirzepatide (Zepbound®) FDA-approved for OSA in obesity — strong PA basis.
K76.0	Fatty liver disease (NAFLD/MASLD)	Increasingly recognized by payers. Tirzepatide has strong data for MASLD.
E11.65 / E11.69	T2DM with hyperglycemia / other complication	Use specific complication codes for Ozempic PA for T2DM.
M17.x / M16.x	Osteoarthritis of knee / hip	Documents functional impairment — supports language about quality-of-life impact.

INFORMED PLATE

About This Resource

This checklist was created by a board-certified medical professional to support clinicians navigating GLP-1 prior authorization. It is intended as a practical reference tool — not a clinical protocol, legal document, or guarantee of coverage.

Prior authorization requirements vary significantly by payer, plan year, formulary tier, and covered indication. Always verify current payer-specific criteria directly with the relevant insurance carrier before submitting any prior authorization request. Coverage policies change frequently.

ICD-10 codes, documentation language, and step therapy requirements included in this document reflect common payer patterns as of publication. They do not represent universal standards and should be adapted to each patient's individual clinical situation and your professional judgment.

Medical Disclaimer

This website was created by a board-certified medical professional for educational and informational purposes only. Content on this site does not constitute medical advice and is not a substitute for consultation with your own healthcare provider. Always consult a qualified medical professional before making changes to your diet, medication, or treatment plan.

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