

**ANTI-OBESITY MEDICATION PRIOR AUTHORIZATION REQUEST FORM**

<b>Patient Information (Required):</b>		<b>Today's Date:</b>	
Patient's Name (First):	Last:	M:	DOB (mm/dd/yyyy):
Patient Address:		Patient Phone #:	

  

<b>Insurance Information (Required):</b>	
Member ID Number:	Group Number:

  

<b>Prescriber/Clinic Information (Required):</b>		
Prescriber Name:	NPI#:	Contact Name:
Clinic Name:	Practice Address:	
Phone #:	Secure Fax #:	

**\*\*CLINICAL NOTES MUST BE SUBMITTED (LAST OFFICE & LIFESTYLE PROGRAM NOTE)\*\***

**Medication Information (Requested) and Corresponding Lifestyle Program (required):**

Step 1 Agents	Step 2 Agents	Step 3 Agents
<input type="checkbox"/> Contrave (naltrexone/bupropion)	<input type="checkbox"/> Saxenda (liraglutide)	<input type="checkbox"/> Adipex (phentermine)
<input type="checkbox"/> Qsymia (phentermine/topiramate)	<input type="checkbox"/> Wegovy (semaglutide)	<input type="checkbox"/> Lomaira (phentermine)
<input type="checkbox"/> Xenical (orlistat)		<input type="checkbox"/> Phendimetrazine
		<input type="checkbox"/> Didrex (benzphetamine)
		<input type="checkbox"/> Tenuate (diethylpropion)
<b>Enrolled and <i>initially</i> engaged in one of the following:</b>	<b>Actively engaged (seen monthly for consecutive 90 days) in one of the following</b>	<b>Enrolled and <i>initially</i> engaged in one of the following:</b>
<input type="checkbox"/> Healthy Lifestyle Program with Health Promotions <input type="checkbox"/> Bariatrics <input type="checkbox"/> Bridges to Weight Management <input type="checkbox"/> Care Navigator Weight Management	<input type="checkbox"/> Healthy Lifestyle Program with Health Promotions <input type="checkbox"/> Bariatrics <input type="checkbox"/> Bridges to Weight Management <input type="checkbox"/> Care Navigator Weight Management	<input type="checkbox"/> Healthy Lifestyle Program with Health Promotions <input type="checkbox"/> Bariatrics <input type="checkbox"/> Bridges to Weight Management <input type="checkbox"/> Care Navigator Weight Management
	Member must try one of the Step 1 therapies and meet criteria defined under Covered Services section before Step 2 medications may be considered for coverage.	Member should use for intervals of maximum of 12 weeks and not have history of cardiovascular disease

☐ **Documented comprehensive plan which includes diet, physical activity and behavioral therapy**

**\*\*The member must be actively engaged with one of the healthy lifestyle programs with Community Health Network addressing diet and exercise in order for medications to be covered by the plan.\*\***

**\*\*Does the member have a contraindication, intolerance or failure to lose and maintain greater than or equal to 5% body weight following a documented 3-month trial one of the following medications within past 90 days?**

Document date of trial of each medication and total body weight loss.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Contrave	Date of trial: _____	Total body weight lost: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Qsymia	Date of trial: _____	Total body weight lost: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Saxenda	Date of trial: _____	Total body weight lost: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wegovy	Date of trial: _____	Total body weight lost: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Date of trial: _____	Total body weight lost: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Date of trial: _____	Total body weight lost: _____

**\*\*\*Documentation is required**

**Body Mass Index (BMI) (Current weight must be within the last 30 days):**

Member's current BMI: \_\_\_\_\_ kg/m<sup>2</sup> Height: \_\_\_\_\_ Weight: \_\_\_\_\_ LBS

***If this is a Renewal Request:*** Weight loss in the last 3 months: \_\_\_\_\_ LBS

**Member has BMI that is  $\geq 30\text{kg/m}^2$ ; OR has a BMI  $\geq 27\text{kg/m}^2$  with one of the following obesity related risk factors:**

Is there documentation of one of the following weight-related comorbidities?

- ☐ Yes ☐ No Dyslipidemia (HDL <35mg/dL, **OR** LDL cholesterol defined as  $\geq 160\text{mg/dL}$  **OR** triglycerides  $\geq 400\text{ mg/dL}$ )
- ☐ Yes ☐ No Hypertension (>140/90)
- ☐ Yes ☐ No Type 2 diabetes
- ☐ Yes ☐ No Prediabetes: (HgA1c between 5.7 to 6.4%) or (IGT: 2 hour post on the 75OGTT of 140-199mg/DL) or Impaired Fasting Glucose (100-125mg/dL)
- ☐ Yes ☐ No Obstructive Sleep apnea (supported by clinical data)
- ☐ Yes ☐ No Metabolic Syndrome:  $\geq 3$  of the below criteria  
(Elevated triglycerides:  $\geq 150\text{ mg/dL}$ ; low HDL: Men <40 mg/dL, women <50 mg/dL; BP  $\geq 135/85\text{ mmHg}$ ; Fasting plasma glucose  $\geq 100\text{ mg/dL}$ ; Waist circumference Men >40in Women >35in)
- ☐ Yes ☐ No Cardiovascular disease (history of myocardial infarction, heart failure, stroke, ischemic heart disease, angina, transient ischemic attack, peripheral vascular disease)
- ☐ Yes ☐ No Arthritis: supported by clinical data

**Continued Pg 2:**

## Healthy Lifestyle Program for Weight Loss

You are on your way to your new healthy lifestyle. If you are a Community Health Direct member and if you have been prescribed a weight-loss medication, you must take the following steps in order to have your medications covered under the plan.

### Healthy Lifestyle Program Features:

For employees with a **BMI > 30** or a **BMI > 27 + 1 comorbidity**. The Healthy Lifestyle Program gives employees with Network insurance *who are on a weight loss medication* the opportunity to meet one-on-one with one or more of the following providers:

- Health coach (by phone or in-person)
- Registered dietitian nutritionist (RDN)
- Fitness coach



### Health Coaches

Knowing *what* you should do and being *motivated* to do it do not always come together. Health coaching will help you examine your thinking, what you're currently doing, and help your behavior to be consistent with your health goals. You will learn to set realistic goals to help motivate you to overcome obstacles. You will learn to examine your barriers, struggles, and successes to increase your motivation and self-confidence and create the success you envision for yourself.

### Registered Dietitian Nutritionists

Registered Dietitian Nutritionists understand the interaction between the food we eat and our bodies. They examine the relationship between food intake, disease prevention, and weight management. Avoid diet hype, instead get sound nutritional advice from your Registered Dietitian Nutritionist.

### Fitness Specialists

Learn how to get more physical activity in a way that is comfortable, enjoyable, and fits your life. Your Fitness Specialist will guide you in developing a step-by-step plan that includes structured exercise and daily living activities. You may occasionally practice exercises side-by-side.

Health Promotions Enrollment	Community Health Direct For more information on program and medications
please call 317-621-4304	Please call 317-621-7575 option 2

**FDA Approved weight loss/anti-obesity medications covered include the following:**

**Step 1:**

- Contrave (naltrexone/bupropion)
- Xenical (orlistat)
- Qsymia (phentermine/topiramate)

**Step 2:**

- Saxenda (liraglutide)
- Wegovy (semaglutide)

**Step 3:**

- Didrex (benzphetamine)
- Phendimetrazine
- Adipex (phentermine)
- Lomaira (phentermine)
- Tenuate (diethylpropion)

**Employees must meet at least once a month with a Health Coach, RDN, or Fitness Specialist and their weight must be recorded for documentation purposes for approval on weight-loss medications.**

**Clinical guidelines for medication coverage:**

- **Member has body mass index (BMI) greater than or equal to 30kg/m<sup>2</sup>; OR**
- **Member has body mass index (BMI) greater than or equal to 27kg/ m<sup>2</sup> with one of the following obesity related risk factors:**
  - 1) **Dyslipidemia:** HDL cholesterol less than 35mg/dL; **OR** LDL cholesterol greater than or equal to 160mg/dL; **OR** triglycerides greater than or equal to 400mg/dL
  - 2) **Hypertension:** > 140/90
  - 3) **Obstructive sleep apnea:** Supported by clinical data
  - 4) **Diagnosis of Type 2 diabetes mellitus**
  - 5) **Prediabetes:** with clinical data of one of the following: Impaired Fasting Glucose: 100-125 mg/dL; Impaired Glucose Tolerance: 2-hour post-load glucose on the 75g OGTT of 140 to 199 mg/DL **OR** HgA1c between 5.7 to 6.4%
  - 6) **Metabolic syndrome** (≥3 of the following criteria): Elevated triglycerides: ≥150 mg/dL; Low HDL: Men <40 mg/dL, women <50 mg/dL; Blood pressure ≥135/85 mmHg; Fasting plasma glucose ≥100 mg/dL; Elevated waist circumference: Men >40 inches, Women >35 inches
  - 7) **Cardiovascular disease:** (history of myocardial infarction, heart failure, stroke, ischemic heart disease, angina, transient ischemic attack, peripheral vascular disease)
  - 8) **Arthritis:** supported by clinical data

