

Prior Authorization Form

Request of Xenical[®], or Phentermine (Not a Benefit for Part D or Medicaid Plans)

Please **Fax** completed Form to our
 Pharmacy Services Department at
(505) 923-5540 or 1-800-724-6953.

For help with this Form, please call
 (505) 923-5757 or
 toll-free 1-888-923-5757, option 3.

PROVIDER INFORMATION		MEMBER INFORMATION
Prescriber's Name:		Member's Name:
Contact Person:		Member's ID Number:
Phone:	Fax:	Member's Date of Birth:
Prescriber's Signature: _____		

MEDICATION REQUESTED

Phentermine _____mg (>16 years)
 Daily
 Twice Daily
 Xenical 120mg 3 times Daily (>12 years)

Please check the appropriate box to indicate if this request is for **Initial Coverage** or **Continuation of Current Coverage**. Please answer **all** questions in the Section you have selected.

Initial Coverage -- Criteria: BMI \geq 27 and \geq 2 Comorbidities, or BMI \geq 30. Initial Coverage approvals are for one (1) month.

- BMI _____ Weight _____ Height _____ Date _____
- Comorbidities** (Check all that apply)
 - Cardiomyopathy
 Congestive Heart Failure
 Obesity Related Hypertension (>140/90)
 - Established CHD
 Obstructive Sleep Apnea
 Diabetes: Last A1C: _____ Date: _____
- Member will participate in the following supervised weight control program:
 - Regular Physician Visits
 Weight Watchers[®], NutriSystem[®], or a similar program
 - Nutritionist, Dietician
 Other (Please state): _____
- History of patient's attempts to lose weight: _____

Continuation of Current Coverage

- Previous BMI _____ Weight _____ Height _____ Date _____
- Current BMI _____ Weight _____ Height _____ Date _____

Continued Coverage after 1st Month

- Member has lost >4 pounds of their initial body weight.
 Approval for 2 additional months, if criteria met.

Continued Coverage after 3rd Month

- Member has lost 5% of their initial body weight.
 Approval for 3 months, if criteria met.

PHARMACY SERVICES DEPARTMENT USE ONLY

Prior Authorization Number:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Pharmacist:	Date:	
Medical Director:	Date:	
Comments:		

Confidential Protected Health Information Enclosed. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.