



**PRIOR AUTHORIZATION FORM  
Weight Loss  
(BRANDS only - no PA needed for generics)**

**DATE OF REQUEST:** \_\_\_\_\_

**MEMBER INFORMATION**

NAME \_\_\_\_\_

ID # \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**PLEASE NOTE:** By signing this form, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.

**PRESCRIBING PHYSICIAN INFORMATION**

NAME \_\_\_\_\_

NPI # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PROVIDER SIGNATURE \_\_\_\_\_

**Drug Requested** (one drug per member per treatment period) \_\_\_\_\_ **Strength** \_\_\_\_\_ **Dose** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-10** \_\_\_\_\_

**Previous Medications**

**Treatment period** (minimum 4 lb. loss required in 1<sup>st</sup> month and then 5% loss from baseline in the 3 months immediately preceding the request)

<b>Initial</b>	<b>Month 1 of therapy</b>	<b>Month 4</b>	<b>Month 7</b>	<b>Month 10</b>
Height _____				
Weight _____ lbs.	Weight _____ lbs.	Weight _____ lbs.	Weight _____ lbs.	Weight _____ lbs.
Date _____	Date _____	Date _____	Date _____	Date _____
<b>Reduced calorie diet and appropriate exercise program must be maintained for 6 months prior to request.</b>				
Diet maintained	Diet maintained	Diet maintained	Diet maintained	Diet maintained
Regular exercise	Regular exercise	Regular exercise	Regular exercise	Regular exercise
<b>Document BP, HDL/LDL, HbA1c and date for comorbidities listed below if applicable to this member.</b>				
<b>Hypertension</b>				
BP _____	BP _____	BP _____	BP _____	BP _____
Date _____	Date _____	Date _____	Date _____	Date _____
<b>Hyperlipidemia</b>				
HDL/LDL _____				HDL/LDL _____
Date _____				Date _____
<b>Diabetes</b>				
HbA1c _____		HbA1c _____	HbA1c _____	HbA1c _____
Date _____		Date _____	Date _____	Date _____

**FAX THIS REQUEST TO:**

**Commercial 1-800-376-6373**  
(HMO, EPO/PPO, Exchange, Medicaid,  
Child Health Plus, ASO)

**Medicare Part D 1-800-401-0915**  
(Preferred Gold, Gold PPO, GoldValue, BasiCare,  
USA Care, MVP RxCare)