



Kansas Medical Assistance Program
 PA Phone 800-933-6593
 PA Fax 800-913-2229



Aetna Better Health[®]

Aetna Better Health of KS
 PA Pharmacy Phone 855-221-5656
 PA Pharmacy Fax 844-807-8453



Sunflower
 PA Pharmacy Phone 877-397-9526
 PA Pharmacy Fax 866-399-0929



UnitedHealthcare
 PA Pharmacy Phone 800-310-6826
 PA Pharmacy Fax 866-940-7328

Prior Authorization Form for Weight Loss Drugs

Liraglutide (Saxenda[®])
 Lorcaserin (Belviq[®], Belviq[®] XR)
 Naltrexone/Bupropion (Contrave[®] ER)
 Orlistat (Xenical[®] & Alli[®])
 Phentermine products
 Phentermine/Topiramate extended-release (Qsymia[®])

Beneficiary Information

Name: _____ Medicaid ID: _____
 Date of Birth: _____ Gender: _____

Prescriber Information

Name: _____ Medicaid ID: _____
 NPI: _____ Phone: _____ Fax: _____

Clinical Prior Authorization – INITIAL APPROVAL

Medication Requested: _____ NDC: _____

Dosage per day of the requested medication: _____

Is the patient pregnant or breastfeeding? Pregnant Breastfeeding No

Does the treatment plan include nutritionally balanced, reduced-calorie diet, exercise, and behavioral counseling? Yes No

Select the reason for use:

- Weight loss
 - BMI 27-29 BMI \geq 30 95th Percentile
- Taking Orlistat to reduce the risk of weight regain after prior weight loss:
 - Documented history of BMI \geq 30 Documented history of BMI \geq 27 95th Percentile

Does the patient have any of the following comorbidities (select all that apply)?

- Diabetes Hypertension Dyslipidemia Cardiovascular Disease

Does the patient have any of the following contraindications (select all that apply)?

- History of uncontrolled hypertension Unstable cardiovascular disease
- Anorexia nervosa or bulimia History of cholestasis
- Cardiac arrhythmia Chronic intestinal malabsorption
- Seizure disorders Pregnancy
- Undergoing abrupt discontinuation of alcohol, benzodiazepines or antiepileptic drugs
- Personal or family history of medullary thyroid carcinoma
- Personal or family history of Multiple Endocrine Neoplasia syndrome type 2

Has the patient taken a monoamine oxidase inhibitor (MAOI) in the past 14 days? Yes No

PATIENT NAME:		MEDICAID ID:	
----------------------	--	---------------------	--

For orlistat –

- Has the patient taken more than 180 days of orlistat in the past 12 months? Yes No

For phentermine –

- Has the patient taken phentermine in the past 12 months? Yes No

For naltrexone/bupropion ER –

- Will the patient be taking another bupropion-containing product concurrently? Yes No
- Is the patient on chronic opioids? Yes No

For liraglutide –

- Is the patient taking another GLP-1 agonist? Yes No
- Will the patient be taking insulin concurrently? Yes No

Clinical Prior Authorization – RENEWAL – Phentermine Products

Has the patient lost a total of 3% of pretreatment weight within 3 months of initiating phentermine and maintains the 3% weight loss? Yes No

Has the patient lost a total of 5% of pretreatment weight within 6 months of initiating phentermine and maintains the 5% weight loss? Yes No

Clinical Prior Authorization – RENEWAL – Lorcaserin and Orlistat for weight loss

Dosage per day: _____

Has the patient lost a total of 5% of pretreatment weight within 3 months of initiating therapy and maintains the 5% weight loss? Yes No

Clinical Prior Authorization – RENEWAL – Naltrexone/Bupropion

Dosage per day: _____

Has the patient lost a total of 5% of pretreatment weight within 12 weeks at the maintenance dosage and maintains the 5% weight loss? Yes No

Clinical Prior Authorization – RENEWAL – Orlistat to reduce the risk of weight regain

Has the patient maintained their weight loss? Yes No

Clinical Prior Authorization – RENEWAL – Phentermine/Topiramate ER

Has the patient lost a total of 3% of pretreatment weight within 3 months of initiating phentermine/topiramate ER and maintains the 3% weight loss? Yes No

Has the patient lost a total of 5% of pretreatment weight within 6 months of initiating phentermine/topiramate ER and maintains the 5% weight loss? Yes No

Clinical Prior Authorization – RENEWAL – Liraglutide

The patient has lost a total of 4% of pretreatment weight within 16 weeks of initiating therapy with liraglutide and maintains the 4% weight loss? Yes No

Prescriber's Signature: _____ **Date:** _____

This form will be returned unprocessed if it is not completed in its entirety.