

CAREFIRST F3
Contrave

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 800-294-5979 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Contrave.

Patient Information

Patient Name:

Patient Phone: - -

Patient ID:

Patient Group:

Patient DOB: / /

Physician Information

Physician Name

Physician Phone: - -

Physician Fax: - -

Physician Addr.:

City, St, Zip:

Drug Name (select from list of drugs shown)

Contrave (naltrexone-bupropion ER)

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please check the appropriate answer for each applicable question.

1. Will the requested drug be used with a reduced calorie diet and increased physical activity for chronic weight management in an adult? Y ☐ N ☐
2. Has the patient completed at least 4 months of therapy with the requested drug? Y ☐ N ☐
3. Has the patient lost at least 5 percent of baseline body weight OR has the patient continued to maintain their initial 5 percent weight loss? ACTION REQUIRED: If yes, then documentation is required for approval. Document the patient's weight prior to starting drug therapy for weight loss and the patient's current weight, including the dates the weights were taken:

Y ☐ N ☐
4. Has documentation of the patient's weight prior to starting drug therapy for weight loss and the patient's current weight, including the dates the weights were taken been submitted to CVS Health? Y ☐ N ☐
5. Does the patient require MORE than the plan allowance of 120 tablets per month? Y ☐ N ☐
6. Has the patient participated in a comprehensive weight management program that encourages behavioral modification, reduced calorie diet, and increased physical activity with continuing follow-up for at least 6 months prior to using drug therapy? Y ☐ N ☐
7. Does the patient have a baseline body mass index (BMI) of less than 27 kg/m2? Y ☐ N ☐
8. Does the patient have a baseline body mass index (BMI) of 27 kg/m2 to less than 30 kg/m2? ACTION REQUIRED: If yes, then prescriber MUST submit chart notes that show the patient's baseline BMI.

Y ☐ N ☐

- | | | | |
|-------|---|----------------------------|----------------------------|
| 9. | Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 10. | Does the patient have at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia)? ACTION REQUIRED: If yes, then prescriber MUST submit chart notes that indicate the patient's weight-related comorbid condition(s). | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 11. | Have chart notes indicating the patient's weight-related comorbid condition(s) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 12. | Does the patient have a baseline body mass index (BMI) of 30 kg/m2 to less than 35 kg/m2? ACTION REQUIRED: If yes, then prescriber MUST submit chart notes that show the patient's baseline BMI. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 13. | Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 14. | Does the patient have a baseline body mass index (BMI) of 35 kg/m2 to less than 40 kg/m2? ACTION REQUIRED: If yes, then prescriber MUST submit chart notes that show the patient's baseline BMI. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 15. | Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 16. | Does the patient have a baseline body mass index (BMI) of 40 kg/m2 or greater? ACTION REQUIRED: If yes, then prescriber MUST submit chart notes that show the patient's baseline BMI. | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 17. | Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| <hr/> | | | |
| 18. | Does the patient require MORE than the plan allowance of 120 tablets per month? | Y <input type="checkbox"/> | N <input type="checkbox"/> |

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.