CAREFIRST F3
Qsymia

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 Qsymia .

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)

Qsymia (phentermine-topiramate extended-release)

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?	**Y** ☐	**N** ☐
2.	Will the requested drug be used in a patient who is also using Fintepla (fenfluramine)?	**Y** ☐	**N** ☐
3.	Has the patient completed at least 12 weeks of Qsymia 15 mg/92 mg therapy?	**Y** ☐	**N** ☐
4.	Is the patient 18 years of age or older?	**Y** ☐	**N** ☐
5.	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** ☐
6.	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** ☐
7.	Is the patient 12 to 17 years of age?	**Y** ☐	**N** ☐
8.	Has the patient experienced a reduction of at least 5 percent of baseline body mass index (BMI) OR has the patient continued to maintain their initial reduction of 5 percent of baseline BMI? ACTION REQUIRED: If yes, then documentation is required for approval. Document the patient's BMI prior to starting drug therapy for weight loss and the patient's current BMI, including the dates the BMIs were taken: _____	**Y** ☐	**N** ☐

9.	Has documentation of the patient's body mass index (BMI) prior to starting drug therapy for weight loss and the patient's current BMI, including the dates the BMIs were taken been submitted to CVS Health?	Y ☐	N ☐
10.	Has the patient completed at least 12 weeks of Qsymia 7.5 mg/46 mg therapy?	Y ☐	N ☐
11.	Is the patient 18 years of age or older?	Y ☐	N ☐
12.	Has the patient lost at least 3 percent of baseline body weight OR has the patient continued to maintain their initial 3 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 ☐
13.	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 ☐
14.	Is the patient 12 to 17 years of age?	Y ☐	N ☐
15.	Has the patient experienced a reduction of at least 3 percent of baseline body mass index (BMI) OR has the patient continued to maintain their initial reduction of 3 percent of baseline BMI? ACTION REQUIRED: If yes, then documentation is required for approval. Document the patient's BMI prior to starting drug therapy for weight loss and the patient's current BMI, including the dates the BMIs were taken: _____	Y ☐	N ☐
16.	Has documentation of the patient's body mass index (BMI) prior to starting drug therapy for weight loss and the patient's current BMI, including the dates the BMIs were taken been submitted to CVS Health?	Y ☐	N ☐
17.	Has the patient's dose been increased to Qsymia 11.25 mg/69 mg and will follow the appropriate dose escalation schedule? ACTION REQUIRED: If yes, then documentation is required for approval. Document the date that the dose was increased: _____	Y ☐	N ☐
18.	Does the patient require MORE than the plan allowance of 30 capsules per month of any of the following: A) Qsymia 3.75 mg/23 mg, B) Qsymia 7.5 mg/46 mg, C) Qsymia 11.25 mg/69 mg, D) Qsymia 15 mg/92 mg?	Y ☐	N ☐
19.	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 ☐
20.	Is the patient 18 years of age or older?	Y ☐	N ☐
21.	Does the patient have a baseline body mass index (BMI) of less than 27 kg/m2?	Y ☐	N ☐
22.	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 ☐
23.	Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation _____	Y ☐	N ☐
24.	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 ☐	N ☐
25.	Have chart notes indicating the patient's weight-related comorbid condition(s) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation _____	Y ☐	N ☐
26.	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 ☐	N ☐
27.	Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation	Y ☐	N ☐

28.	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** ☐	**N** ☐
29.	Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation	**Y** ☐	**N** ☐
30.	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** ☐	**N** ☐
31.	Have chart notes showing the patient's baseline body mass index (BMI) been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation	**Y** ☐	**N** ☐
32.	Is the patient 12 to 17 years of age?	**Y** ☐	**N** ☐
33.	Does the patient have a baseline body mass index (BMI) in the 95th percentile or greater standardized for age and sex? ACTION REQUIRED: If yes, then prescriber MUST submit chart notes that indicate the patient's baseline BMI percentile standardized for age and sex.	**Y** ☐	**N** ☐
34.	Have chart notes showing the patient's baseline body mass index (BMI) percentile standardized for age and sex been submitted to CVS Health? ACTION REQUIRED: Submit supporting documentation	**Y** ☐	**N** ☐
35.	Does the patient require MORE than the plan allowance of 30 capsules per month of any of the following: A) Qsymia 3.75 mg/23 mg, B) Qsymia 7.5 mg/46 mg, C) Qsymia 11.25 mg/69 mg, D) Qsymia 15 mg/92 mg?	**Y** ☐	**N** ☐

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