



Federal Employee Program.

WEIGHT LOSS MEDICATIONS
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Form with sections: Patient Information (required), Provider Information (required), and PHYSICIAN COMPLETES.

NOTE: Form must be completed in its entirety for processing

Please select medication below:

- Medication selection options: Adipex-P, Benzphetamine, Contrave, Diethylpropion 25mg, Diethylpropion 75mg, Lomaira, Phendimetrazine ER capsules, Phendimetrazine tablets, Phentermine, Plenity, Qsymia, Xenical.

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit
***Non-covered branded medications must go through prior authorization and the formulary exception process

Is this request for brand or generic? Brand Generic

- 1. How many capsules/tablets/units will the patient need every 90 days?
2. What is the patient's diagnosis?
3. Has the patient participated in a comprehensive weight management program...
4. Will this medication be used in combination with another *Prior Authorization (PA) medication for weight loss?

*If YES, please specify the medication:
*PA Medications: Adipex-P, benzphetamine, Contrave, diethylpropion, Imcivree, Lomaira, phendimetrazine, phentermine, Plenity, Qsymia, Saxenda, Wegovy, Xenical, Zepbound

- 5. Has the patient been on this medication continuously for the last 4 months excluding samples?
a. Age 12-17: What is the patient's body mass index (BMI) percentile...
b. Age 18 or older: Please answer the following question:
i. What is the patient's body mass index (BMI) in kilograms per square meter...
ii. If BMI is between 27 kg/m2 and 29.9 kg/m2: Does the patient have ONE of the listed weight related comorbid conditions OR established cardiovascular disease?
c. Type 2 diabetes mellitus, Cerebrovascular disease, Myocardial infarction (MI), Dyslipidemia, Peripheral artery disease (PAD), Unstable angina, Hypertension, Coronary heart disease, Coronary or other arterial revascularization, Congenital heart disease, Acute coronary syndrome (ACS), Prior percutaneous coronary intervention/coronary bypass surgery