



ANTI-OBESITY MEDICATIONS

New Hampshire Medicaid Prior Authorization Request Form
Fax: 1-888-603-7696 Phone: 1-866-675-7755



Date of Medication Request: ___/___/___

Section I: Patient Information and Medication Requested

Name :(Last, First) _____
 NH Medicaid Number: _____
 Date of Birth: ___/___/___ Gender: Male Female
 Drug Name: _____ Strength: _____
 Dosing Schedule: _____ Length of Therapy: _____

Section II: Clinical History

1. Patient's Diagnosis: _____

2. Is the patient 16 years of age or older? Yes No

3. Has the patient failed to lose weight on a low calorie diet (1,200 kcal/day women, 1,600 kcal/day men) **AND** exercise regimen after at least a 3 month trial? Yes No
 Please explain: _____

4. Does the patient have BMI $\geq 30 \text{ kg/m}^2$ with no risk factors, or $> 27 \text{ kg/m}^2$ with at least one (1) high risk factor, or two (2) other risk factors? Yes No

5. Patient's BMI: _____ Weight: _____ Height: _____ Date: ___/___/___

6. Waist circumference: _____

7. Does the patient have any of the following high risk factors? Sleep apnea Type 2 diabetes
 Coronary heart disease Atherosclerotic disease

8. Does the patient have any of the following risk factors?
 Hypertension Dyslipidemia Cigarette smoking Osteoarthritis
 Gallstones Stress incontinence Gynecologic abnormalities Age (men > 45 years, women > 55 years or postmenopausal)
 Family history of premature heart disease Impaired fasting glucose concentration

8. Are there any contraindications to the use of this drug for this patient? Yes No
 If **Yes**, please explain: _____

9. Is there any additional information that would help in the decision-making process? If more space is needed, please use another page.

Section III: Prescriber Information

Name: _____ NPI Number: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

I certify that the information provided is accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.