



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Obesity Treatment Agents

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Form with fields: Patient Name, Prescriber Name, HPP Member Number, Date of Birth, Patient Primary Phone, Address, City, State ZIP, Line of Business, Drug Name, Quantity, Directions, Diagnosis Code, Diagnosis, etc.

HPP's maximum approval time is 12 months but may be less depending on the drug.

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. For a non-preferred Anti-Obesity Agent, does the beneficiary have a history of trial and failure of or a contraindication or an intolerance to the preferred Anti-Obesity Agents appropriate for the beneficiary's diagnosis or indication? Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.

Yes No

Q2. For a controlled substance Obesity Treatment Agent (e.g., phentermine, Qsymia, etc.), did the prescriber or prescriber's delegate search the PDMP to review the beneficiary's controlled substance prescription history before issuing this prescription for the requested agent?

Yes No

Q3. Does the beneficiary have any contraindications to the requested medication?

Yes No

Q4. ATTESTATION from the prescriber: Was beneficiary recently counseled about lifestyle changes and behavior modifications such as a healthy diet and increased physical activity?

Yes No

Q5. Is the request:

- Initial Request - Member Age 18 or older
Initial Request - Member Under 18
Renewal Request - Member Age 18 or older
Renewal Request - Member Under 18

Q6. Pre-treatment Weight:



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Obesity Treatment Agents

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Patient Name: Prescriber Name:

Q7. Pre-treatment BMI:

Q8. Pre-treatment BMI z-score:

Q9. Has a BMI greater than or equal to 30 kg/m2?

- Yes No

Q10. Has a BMI greater than or equal 27 kg/m2 and less than 30 kg/m2 and at least one of the following comorbidities; (select those comorbidities that apply if the BMI is within the stated parameters)

- dyslipidemia hypertension metabolic syndrome obstructive sleep apnea prediabetes type 2 diabetes other (list):

Q11. Is a candidate for treatment based on degree of adiposity, waist circumference, history of bariatric surgery, BMI exceptions for beneficiary's ethnicity, etc. and at least one of the following comorbidities: (select those comorbidities that apply if the stated parameters apply)

- dyslipidemia hypertension metabolic syndrome obstructive sleep apnea prediabetes type 2 diabetes other (list):

Q12. Has a BMI in the 95th percentile or greater standardized for age and sex based on current CDC charts.

- Yes No

Q13. Has a BMI in the 85th percentile or greater standardized for age and sex based on current CDC charts and at least one of the following comorbidities:

- dyslipidemia hypertension metabolic syndrome obstructive sleep apnea prediabetes type 2 diabetes



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Obesity Treatment Agents

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Patient Name: Prescriber Name:

other (list):

Q14. Is a candidate for treatment based on degree of adiposity, previous bariatric surgery, etc. and at least one of the following comorbidities:

- dyslipidemia
hypertension
metabolic syndrome
obstructive sleep apnea
prediabetes
type 2 diabetes
other (list):

Q15. For Evekeo (amphetamine) ODT/tablet: (check all that apply)

- The beneficiary was assessed for potential risk of misuse, abuse, and/or addiction based on family and social history
Was educated regarding the potential adverse effects of stimulants, including the risk of misuse, abuse, and addiction
Has a history of trial and failure of or a contraindication or an intolerance of all other Obesity Treatment Agents (preferred and non-preferred)
Has prescriber documentation explaining why Evekeo (amphetamine) is needed and a plan for tapering

Q16. For Evekeo (amphetamine) ODT/tablet for patients with a history of substance dependency, abuse, or diversion: Has results of a recent UDS for licit & illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with prescribed controlled substances.

- Yes No

Q17. For all renewal requests, check all that apply:

- The dose of the requested medication is currently being titrated
The beneficiary is experiencing clinical benefit and/or a positive response to treatment with the requested medication

Q18. Current weight:

Q19. Current BMI:

Q20. Current BMI z-score:

Q21. For Evekeo (amphetamine) ODT/tablet: Has prescriber documentation explaining why Evekeo (amphetamine) is needed and a plan for tapering (submit documentation)?

- Yes No



HEALTH PARTNERS PLANS
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Obesity Treatment Agents

Phone: 215-991-4300

Fax back to: 866-240-3712

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL DELAY the review process.

Form with two fields: Patient Name: and Prescriber Name:

Q22. For Evekeo (amphetamine) ODT/tablet renewals for patients with a history of substance dependency, abuse, or diversion: Has results of a recent UDS for licit & illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with prescribed controlled substances.

Yes checkbox

No checkbox

Prescriber Signature

Date

Updated for 2023