Prior Authorization Form Qsymia

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS/Caremark at 1-888-836-0730.

Please contact CVS/Caremark at 1-800-294-5979 with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Qsymia.

Drug Name (select from I	list of drugs shown)	
Qsymia (phentermine-top	piramate extended-release)	
Quantity	Frequency	Strength
Route of Administration		ed Length of Therapy
Patient Information		
Patient Name:		
Patient ID:		
Patient Group No.:		
Patient DOB:		
Patient Phone:		
Prescribing Physician		
Physician Name:		
Physician Phone:		
Physician Fax:		
Physician Address:		
City, State, Zip:		
, , , , , , , , , , , , , , , , , , ,		
Diagnosis:	ICD Co	ode:
Comments:		
Please circle the appropriate		
 Has the patient com mg/92 mg therapy? 	npleted at least 12 weeks of 0	Qsymia 15 YN
[If yes, then skip t	o question 4.]	
Has the patient com 7.5 mg/46 mg therap	npleted at least 12 weeks of 0 oy?	Qsymia Y N
[If no, then skip to	question 6.]	
	at least 3 percent of baseling tient's dose be escalated?	e body Y N
[If yes, then skip t	o question 5.]	
[If no, then no furt	:her questions.]	

4.	Did the patient lose at least 5 percent of baseline body weight OR has the patient continued to maintain their initial 5 percent weight loss?	ΥN	
	[If no, then no further questions.]		
5.	Due to well documented potential for serious adverse effects, phentermine and fenfluramine are not recommended to be used concurrently. Will Qsymia (phentermine and topiramate extended-release) be used in a patient who is also using Fintepla (fenfluramine)?	YN	
	[No further questions.]		
6.	Does the patient have a body mass index (BMI) greater than or equal to 30 kg per square meter?	Y N	
	[If yes, then skip to question 8.]		
7.	Does the patient have a body mass index (BMI) greater than or equal to 27 kg per square meter AND has additional risk factors?	Y N	
	[If no, then no further questions.]		
8.	Will the requested medication be used with a reduced calorie diet and increased physical activity?	Y N	
	[If no, then no further questions.]		
9.	Due to well documented potential for serious adverse effects, phentermine and fenfluramine are not recommended to be used concurrently. Will Qsymia (phentermine and topiramate extended-release) be used in a patient who is also using Fintepla (fenfluramine)?	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	