

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Adipex-P® , Ionamin® (phentermine, phentermine resin), Xenical® (orlistat), Meridia® (sibutramine): circle one

- These medications are used in management of obesity and should be used in conjunction with a reduced calorie diet.
- Xenical® is contraindicated if the patient has chronic malabsorption, including short bowel or irritable bowel syndrome, Crohn's disease, ulcerative colitis or cholestasis.
- There are FDA reports of serious liver injury, including liver failure, in patients receiving Xenical ®
- Meridia® is contraindicated within 2 weeks of concomitant MAO inhibitor therapy (i.e. Nardil, selegiline, or Emsam patch).
- Avoid the use of Meridia® with other serotonergic agents, i.e. SSRIs, dextromethorphan, meperidine, pentazocine, fentanyl, sumatriptan, dihydroergotamine and lithium.
- Phentermine and Meridia® are not recommended for use in patients 16 years of age and younger. Xenical® may be used in children 12 years of age and older.
- Xenical® may enhance the anticoagulant effect of warfarin.

Please note that this is a group specific benefit

Reason for Request (at least one of the following criteria must be met):

- Patient has a BMI of 40 or greater, **OR**
- Patient has a BMI of 35 with co-morbid conditions that may include, but is not limited to, life-threatening cardio-pulmonary problems (severe sleep apnea, Pickwickian syndrome and obesity related cardiomyopathy), diabetes mellitus, cardiovascular disease or hypertension.

Patient Name _____

Member Number _____

Physician Signature _____

Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____