

Aetna Better Health® of Virginia Request Form
Weight Loss Management
Fax back to 1-855-799-2553

If the following information is not complete, correct, or legible, the PA process can be delayed. Please use one form per member.

MEMBER INFORMATION

Last Name:

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First Name:

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Medicaid ID Number:

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Date of Birth:

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Gender: ☐ Male ☐ Female

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Last Name:

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First Name:

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NPI Number:

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Phone Number:

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Fax Number:

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DRUG INFORMATION

All weight loss medications will require a PA, which include, but are not limited to, the following:

- | | |
|--|---|
| <input type="checkbox"/> Adipex-P®/Suprenza™ (phentermine) | <input type="checkbox"/> Alli®/Xenical® (orlistat) |
| <input type="checkbox"/> Bontril®/Bontril PDM® (phendimetrazine) | <input type="checkbox"/> Contrave® (bupropion SR/naltrexone SR) |
| <input type="checkbox"/> Didrex®/Regimex® (benzphetamine) | <input type="checkbox"/> Imcivree™ (setmelanotide) |
| <input type="checkbox"/> Qsymia® (phentermine/topiramate ER) | <input type="checkbox"/> Radtue® (diethylpropion) |
| <input type="checkbox"/> Saxenda® (liraglutide) | <input type="checkbox"/> Wegovy™ (semaglutide) |

Drug Name/Form: _____

Strength: _____

Dosing Frequency: _____

Length of Therapy: _____

Quantity per Day: _____

(Form continued on next page.)

Member's Last Name:

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Member's First Name:

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4. The written documentation must include:

- ☐ Current medical status including nutritional or dietetic assessment
- ☐ Current therapy for all medical conditions (including obesity), identifying specific treatments including medications
- ☐ Current accurate height and weight measurements
- ☐ No medical contraindications to use a reversible lipase inhibitor (**Xenical®**)
- ☐ Current weight loss plan or program including diet and exercise plan
- ☐ No chronic opioid use concurrently with **Contrave®**
- ☐ Member not concurrently on Victoza or Ozempic or other GLP-1 inhibitors (**Saxenda®** and **Wegovy™**)

5. Length of Authorization:

☐ Initial request: Varies (drug specific)

- Benzphetamine, diethylpropion, phendimetrazine, phentermine, Qsymia, Contrave® – 3 months
- Wegovy™ – 6 months
- Alli®/Xenical® – 6 months
- Saxenda® and Imcivree™ – 4 months

☐ Renewal requests: Varies (drug specific)

- **Benzphetamine, diethylpropion, phendimetrazine, phentermine** – If the member achieves at least a 10 lb. weight loss during the initial 3 months of therapy, an additional 3-month PA may be granted. Maximum length of continuous drug therapy is 6 months (waiting period of 6 months before next request).
- **Qsymia®** – If the member achieves a weight loss of at least 3% of baseline weight, an additional 3-month PA may be granted. For a subsequent renewal, member must meet a weight loss of at least 5% of baseline weight to qualify for an additional 6-month PA. Maximum length of continuous drug therapy is 12 months (waiting period of 6 months before next request).
- **Alli®/Xenical®** – If the member achieves at least a 10 lb. weight loss, an additional 6-month PA may be granted. Maximum length of continuous drug therapy is 24 months (waiting period of 6 months before next request).
- **Contrave®** – Approve for 6 months with each renewal if weight reduction continues.
- **Saxenda®** – If the member achieves a weight loss of at least 4% of baseline weight, an additional 6-month PA may be granted as long as weight reduction continues.
- **Imcivree™** – If the member has experienced $\geq 5\%$ reduction in body weight (or $\geq 5\%$ of baseline BMI in those with continued growth potential), an additional 1 year PA may be granted.
- **Wegovy™** - If the member achieves a weight loss of at least 5% of baseline weight, an additional 6 month PA may be granted.

Note – Renewal PA requests will **NOT** be authorized if the member's BMI is <

24. (Form continued on next page.)

