

Weight Loss Medication Authorization Form

Email completed form with required documentation to:

UtilizationManagement.OSUHealthPlan@osumc.edu or fax to: **(614) 292-2667**

Patient Information

Requesting Provider Information

Patient Name:	
Patient DOB:	Phone #:
Insurance ID #:	

Physician Name:	
Office Contact Name:	
Phone #:	Secure Fax#:

1. Requested weight loss medication: ___ Belviq® ___ Belviq XR® ___ Saxenda® Note: Contrave® and Qsymia® are excluded medications; not covered by the health plan.

2. CURRENT height: _____ cm, weight: _____ kg, AND body mass index (BMI): _____ kg/m²

3. Diagnosed co-morbid conditions: ___ Cardiovascular Disease ___ Type 2 Diabetes ___ Hypertension
 ___ Dyslipidemia ___ Obstructive Sleep Apnea

4. Specify INITIAL or CONTINUED medication coverage and include ALL requested information.

___ INITIAL MEDICATION COVERAGE:

1. Attach chart documentation describing patient's specific diet and exercise regimen. Documentation must account for a 6-month period prior to request for weight loss medication initiation.

2. List any previous or current weight loss medications	Start Date	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List (or attach) ALL weight (kg) measurements within the past 12 MONTHS:

Date:	kg:	Date:	kg:	Date:	kg:	Date:	kg:
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

___ CONTINUED MEDICATION COVERAGE:

1. List (or attach) ALL weight (kg) measurements within the past 6 MONTHS (since most recent drug approval):

Date:	kg:	Date:	kg:	Date:	kg:	Date:	kg:
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Requesting Physician Signature: _____ Date: _____

For questions, please contact the OSU Health Plan at (614) 292-4700

OSU Health Plan USE ONLY

Date: _____ Authorization #: _____ Dates of Service: _____ to _____

OSU Health Plan Contact: _____ Contact Phone: _____