Appetite Suppressant Agents Prior Authorization of Benefits Form

Texas | Medicaid

Contains confidential patient information.
Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 800-601-4829.

1. Patient information	2. Physician information
Patient name: _____ Patient ID #: _____ Patient DOB: _____ Date of Rx: _____ Patient phone #: _____ Patient email address: _____	Prescribing physician: _____ Physician address: _____ Physician phone #: _____ Physician fax #: _____ Physician specialty: _____ Physician DEA: _____ Physician NPI #: _____ Physician email address: _____

3. Medication	4. Strength	5. Directions	6. Quantity per 30 days
_____	_____	_____	Specify: _____
7. Diagnosis: _____			

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8. Approval criteria: (Mark all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

☐ Yes ☐ No Is the client greater than or equal to (≥) 17 years of age?
☐ Yes ☐ No Does the client have a diagnosis found in Table 2 in the last 730 days?
☐ Yes ☐ No Does the client have a diagnosis found in Table 3 and have at least one additional risk factor in the last 730 days?
☐ Yes ☐ No Does the client have a diagnosis of substance abuse in the last 365 days?
☐ Yes ☐ No Has the client had a claim for a monoamine oxidase inhibitor (MAOI) in the last 30 days?
☐ Yes ☐ No Does the client have a contraindicated diagnosis in the last 365 days?
☐ Yes ☐ No Will the client have concurrent therapy with another stimulant agent?
☐ Yes ☐ No Does the client have a diagnosis of severe renal impairment or end-stage renal disease (ESRD) in the last 365 days?
☐ Yes ☐ No Is the requested dose greater than or equal to (≥) 37.5 mg/day for phentermine or 210 mg/day for phendimetrazine?
☐ Yes ☐ No Has the client had greater than or equal to (≥) 90 days therapy in the last 365 days?

For the Texas Medicaid *Preferred Drug List*, refer to the Texas Medicaid Vendor Drug Program website at: txvendordrug.com/formulary/formulary-search.

9. Physician signature

_____ _____
Prescriber or authorized signature Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.
Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax, or other electronic transmission.

Table 2 (BMI ≥ 30 kg/m²) Required quantity: *1* Look back timeframe: *365 days*	
ICD-10 code	Description
E6601	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES
E6609	OTHER OBESITY DUE TO EXCESS CALORIES
E661	DRUG-INDUCED OBESITY
E662	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION
E668	OTHER OBESITY
E669	OBESITY, UNSPECIFIED

Table 3a (BMI ≥ 27 kg/m²) Required quantity: *1* Look back timeframe: *365 days*	
ICD-10 code	Description
E663	OVERWEIGHT

Table 3b (Risk factors) Required quantity: *1* Look back timeframe: *365 days*	
ICD-10 code	Description
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT

E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E7800	PURE HYPERCHOLESTEROLEMIA, UNSPECIFIED
E7801	FAMILIAL HYPERCHOLESTEROLEMIA
E782	MIXED HYPERLIPIDEMIA
E785	HYPERLIPIDEMIA, UNSPECIFIED
I10	ESSENTIAL (PRIMARY) HYPERTENSION
I1AO	RESISTANT HYPERTENSION