

Michigan Department of Health and Human Services (MDHHS)
Prior Authorization Request
Xenical® (orlistat)

All information on this form must be addressed. Incomplete forms will be returned only once for missing information. Mark as 'N/A' if no information is available or does not apply. Issues that remain blank after being returned once will receive a denial and will not qualify for MDHHS physician review until completed or clearly marked 'N/A'.

Beneficiary Information

LAST NAME:

FIRST NAME:

MEDICAID NUMBER:

DATE OF BIRTH:

 - -

GENDER: MALE FEMALE

Prescriber Information

LAST NAME:

FIRST NAME:

PLEASE SELECT ONE: MD PA NP DO DDS

OTHER: _____

NPI NUMBER:

SPECIALTY: _____

DEA X #:

 -

DEA X # EXP:

 - -

PHONE NUMBER:

 - -

FAX NUMBER:

 - -

Person Completing Form

LAST NAME:

FIRST NAME:

TITLE:

PHONE NUMBER:

 - -

FAX NUMBER:

 - -

DATE: _____

REQUESTED START DATE: _____

Pharmacy

NAME:

PHONE NUMBER:

 - -

FAX NUMBER:

 - -

Drug Name	Strength	Dosing	Duration of Rx
XENICAL®	120mg		

RESULTS OF A MEDICAL HISTORY AND PHYSICAL EXAM AS WELL AS NUTRITIONAL OR DIETETIC ASSESSMENT. MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

HAS THE BENEFICIARY SEEN ANY OTHER PROVIDER FOR THIS CONDITION? Yes No If "Yes", what was the provider's specialty and findings?

OTHER DIAGNOSES AND LIST OF CURRENT MEDICATIONS (MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED)

CURRENT BODY MASS INDEX (BMI): _____ HEIGHT: _____ CURRENT WEIGHT: _____

Michigan Department of Health and Human Services (MDHHS)
Prior Authorization Request
Xenical® (orlistat)

ARE THERE ANY CONTRAINDICATIONS FOR THIS USE, MALABSORPTION SYNDROMES, CHOLESTASIS, PREGNANCY, AND/OR LACTATION? MARK AS 'N/A' IF NO INFORMATION IS AVAILABLE AND CANNOT BE PROVIDED.

IS THIS PART OF A TOTAL TREATMENT PLAN INCLUDING A CALORIE AND FAT RESTRICTED DIET AND EXERCISE REGIMEN?

Yes No

If "Yes," please attach copy of plan.

HAVE THERE BEEN AT LEAST 2 PRIOR WEIGHT LOSS PLANS OR PROGRAMS INCLUDING DIET AND EXERCISE REGIMENS?

Yes No

If "Yes," please attach copies and reason(s) for failures.

ADDITIONAL COMMENTS:
