

4. Did the patient lose at least 5 percent of baseline body weight OR has the patient continued to maintain their initial 5 percent weight loss?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If no, then no further questions.]	
5. Due to well documented potential for serious adverse effects, phentermine and fenfluramine are not recommended to be used concurrently. Will Qsymia (phentermine and topiramate extended-release) be used in a patient who is also using Fintepla (fenfluramine)?	<input type="checkbox"/> Y <input type="checkbox"/> N
[No further questions.]	
6. Does the patient have a body mass index (BMI) greater than or equal to 30 kg per square meter?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If yes, then skip to question 8.]	
7. Does the patient have a body mass index (BMI) greater than or equal to 27 kg per square meter AND has additional risk factors?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If no, then no further questions.]	
8. Will the requested medication be used with a reduced calorie diet and increased physical activity?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If no, then no further questions.]	
9. Due to well documented potential for serious adverse effects, phentermine and fenfluramine are not recommended to be used concurrently. Will Qsymia (phentermine and topiramate extended-release) be used in a patient who is also using Fintepla (fenfluramine)?	<input type="checkbox"/> Y <input type="checkbox"/> N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date