Wood River Health GLP-1 Weight Loss Patient Checklist

For patients interested in GLP-1 therapy for weight loss and do not have diabetes

- Wood River Health does not prescribe compounded GLP-1 medications requiring additional ingredients such as vitamin B-12 *unless there is a documented deficiency by blood labs*.
- Patients with BMI over 40 or BMI over 35 with chronic conditions may be eligible for insurance covered surgical weight loss: (401) 736-3731 or visit www.carenewengland.org/bariatric
- Insurance often says GLP-1's are "on formulary", *but do not say that there are criteria* for who they will not pay. An example would be requiring an A1c level over 8 despite being on metformin for 3 months.
- GLP-1s can cause muscle wasting disease without careful attention to dietary intake, and have been associated with "GLP face".

***Please go through this checklist, all items must be addressed* before *a Wood River Provider will prescribe for you or assist with prior authorizations. This form will be kept in your medical record if signed*.**

For patients wanting only weight loss (not treatment of metabolic disorders like diabetes):

☐Attestation that you nor your family have a history of *medullary thyroid cancer, pancreatitis, Multiple Endocrine Neoplasia syndrome type 2 (MEN2), gastroparesis or inflammatory bowel disease*

☐A certificate or progress notes from a nutritionist – we will gladly refer for this if you desire.

☐Journal of daily exercise activities for 3 month (not all days require exercise)

☐Evidence of attempting weight loss with a program like Weight Watchers, Noom, or equivalent effort over 3 or more months with no change in weight

☐Testing for pregnancy and attestation that you will not become pregnant, and will use contraception to avoid pregnancy, while taking the weight loss medication

☐Do you have a BMI higher than 35?

☐If BMI is lower than 35, a psychiatric consultation outside Wood River is required to assess the thought process about weight loss before any GLP-1 will be prescribed or managed.

☐A list of family, friends, and others who are willing and able to support you in your weight loss journey

I, the undersigned, understand that after the above is complete, Wood River will make 2 attempts to complete a prior authorization. A 3rd denial by insurance means:

1) I can pay out of pocket for the prescription OR
2) I can be referred to a Weight Management Program, such as at Kent Hospital (401)736-3731.

Wood River providers will not re-attempt a prior authorization without a significant change in circumstances, such as the development of diabetes or a change in your insurers criteria for coverage.

Patient Signature: _____

Name Printed:_____ Today's Date: _____

The evidence above is not a guarantee your insurer will pay for GLP-1s.

This form will be scanned into your record for reference along with the evidence above.

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