Date: 06/16/2024
Client:
Gender:
Age:
DOB:

Provider: -
NPI:

SJ - Weight Management Encounter

Date of Service: Jun 5 2024

Time of Service: 8:01 AM

Note Type

- **1. Visit Charting + Prescription Note**

WM Visit Type

- **Initial Visit (visit_type_1)**

Sync/Async Visit

- **Sync (sync_visit)**

Patient Consent (Sync)

I obtained consent and agreement for this video encounter from the patient/co-participant.

If applicable, name of CMA on this visit (if no CMA present, put N/A):

N/A

Visit Modality

- **Video**

What state is the patient located in at time of visit?

AL

Weight Management SOAP Note

Name of Patient

Date of Birth

Gender

Physical Location of Patient

-

Height

5 ft 7.0 in

Weight

189 lbs

BMI

29.6

Any known allergies? (Medication, Environmental, or Food)

- **No**

Is patient currently taking any medications (prescription or over-the-counter)

- **Yes**

List any medications you are taking

Wellbutrin XL (oral - tablet, extended release) 150 mg/24 hours true Twice daily Depression\\Losartan (oral - tablet) 50 mg true qd HTN

Subjective

Chief Complaint

Initial Consult

History of Present Illness (HPI)

This is a __ ██_ y/o **overweight** who is seeking medical weight loss treatment

Initial Visit:

- Comorbidities:
  - Hypertension
  - Prediabetes
- Medication(s) patient has tried in the past for weight loss:
- April 23' - May 24' - starting wt 199# - down to 139# - BP normalized
- Medication patient would like to start on today:
- Initial visit weight: 189#
- Initial visit BMI: 29.6
- Patient's goal weight: 141#
- Patient's goal BMI: 22

Follow-Up Visit:

- Patient is currently on the following medication-
  - Name, mg dose, and compound pharmacy (if applicable):
  - For the past __ weeks:

Review of Systems (ROS)

CONSTITUTIONAL: Denies fever and chills
RES: Denies SOB and cough
CV: Denies palpitations and CP
GI: Denies abdominal pain, nausea, vomiting and diarrhea
GU: Denies dysuria and urinary frequency
PSYCH: No suicidality

Medical History

Past Medical History

Denies PMHX: Medullary thyroid cancer, Multiple endocrine neoplasia type 2, Abnormal heart rhythm, Anorexia, Asthma, Anxiety, Bulimia, Cancer, Crohn’s Disease, Depression, Glaucoma, Heart Attack, High Cholesterol, Hyperthyroidism, Irritable Bowel Syndrome, Kidney Disease, Liver disease, Pancreatitis, Seizures, Stroke, Ulcerative colitis, bowel obstruction or impaction

Hypertension
Depression (no hospitalizations / no suicide attempts)

Surgical History:
Wisdom teeth

Family History:
Denies family history of: Medullary thyroid cancer, multiple endocrine neoplasia type 2

Social History:
Denies drug and alcohol misuse

Objective

Vital Signs and Physical Exam

Vital Signs: VSS

Physical Exam:
GENERAL: Well developed, well nourished individual in no acute distress, no apparent distress
RESP: normal respiratory rate and pattern with no distress
CV: no gross JVD seen
PSYCH: appropriate speech, affect and interaction

Does the patient have labs uploaded?

- **Yes**

Lab Results:

Labs Collected Date: 4/28/23

Labs for review: all available

Assessment & Plan - Initial Visit

Medication Prescribed

- At this time, the patient is eligible for a GLP-1 based on the following
  - BMI of: 29.6
  - Comorbidities of: Prediabetes, hypertension
- Will prescribe medication recorded below. Will also prescribe PRN ondansetron (no contraindications) for nausea/vomiting.
- Patient will get labs done ASAP (must be done within 60 days) and understands that we cannot increase dose until they are completed and reviewed.
- F/U in __4__ weeks:

Are labs needing to be ordered for the patient?

- **Yes (cma_order_labs) (order_labs)**

Labs will be ordered through:

- **Quest Portal (order_quest_labs) (quest_diagnostics) (quest_billing)**

Labs to be ordered via Quest portal by the CMA

- CMP (10231)
- TSH (899)
- Lipid Panel (7600)
- A1C (496)

Was medication ordered in this consult?

- **Yes - Branded Medication (branded)**

Prescribing Reminder

Prescribing and Medication Info Section
You are prescribing medication for this consult. If **Branded** medication is prescribed, please do so in Photon (or Dosespot). If **Compound** medication is prescribed, please do so using the Compound Prescription section below.

What BRAND GLP-1 medication was prescribed?

- **Wegovy**

Are you ordering Ondansetron?

- **Yes to local pharmacy *Provider to order via Photon or Dosespot* (Ond_local_no_action_needed)**

Diagnosis - Detail

Hello **Patient**,
It was a pleasure meeting you today. Please see your patient plan below.

PF - Patient Plan & Dosing Instructions - Wegovy

Hello Patient,

It was a pleasure meeting you today. Based on my review of your intake and medical information, I agree you would benefit from weight loss treatment. Taking GLP-1 medication while taking steps toward maintaining a healthy diet and lifestyle can help you achieve your target weight.

Please review the following information related to your medication prescription after your telehealth visit. This information is intended to serve as a general guide for what to expect, but the timelines provided may differ slightly based on circumstance.

If you are moving through the prior authorization process for a branded GLP-1 medication, it may take up to 10 business days for your provider's team to receive notification on the approval.
- In the meantime, you should complete the ordered laboratory testing. If your prior authorization is initially denied, the lab results can be provided to support a second approval request.

If your branded GLP-1 prior authorization was approved, your provider will attempt to have your selected pharmacy fill your prescription. You should receive notification from your pharmacy when the prescription is ready and how to receive it.
- If you receive notification from your selected pharmacy that the prescription is not in stock, you may search to see if the prescription is in stock with alternate pharmacies near you or within your pharmacy network. Please reach out to contact@everlywell.com for assistance.

If your branded GLP-1 brand prescription is not available in stock through a pharmacy search, you have the option to consider a compounded GLP-1 option or alternative medications.
- Please let us know if you would like to discuss this option further by contacting patientsupport@openloophealth.com.

If your branded GLP-1 prior authorization was denied, a second request will be submitted with your lab results if completed.
- If your prior authorization is denied after a second request, you have the option to consider a compounded GLP-1

medication or alternate medications.

PLEASE FOLLOW YOUR INDIVIDUALLY PRESCRIBED MEDICATION DOSING SCHEDULE AS WRITTEN ON YOUR PRESCRIPTION.

Typical prescribing plans for Wegovy are as follows:
Month 1: 0.25 mg subcutaneously once per week for 4 weeks.
Month 2: 0.50 mg subcutaneously once per week for 4 weeks.
Month 3: 1 mg subcutaneously once per week for 4 weeks.
Month 4: 1.7 mg subcutaneously once per week for 4 weeks.
Month 5: 2.4 mg subcutaneously once per week for 4 weeks.

YOUR INDIVIDUAL DOSING MAY VARY FROM THIS. NOT ALL PATIENTS WILL INCREASE MONTHLY AS THIS IS BASED ON CLINICAL ASSESSMENT BY YOUR PROVIDER AND YOUR TOLERANCE TO THE MEDICATION AND PROGRESS YOU MAKE.

If you miss more than 2 weeks of a GLP-1 medication, we will reinitiate the dosing schedule back to level 1 to reduce the chance of GI side effects.

Lab Results:
We will ask for your recent lab results that were completed within the last 12 months. If you have not already had them done prior to starting our program, we will send you a lab requisition form to complete the four labs we require. The labs we require are a CBC (Complete Blood Count), CMP (Complete Metabolic Panel), TSH (Thyroid Stimulating Hormone), A1C, and Lipid Panel. Please have this labwork completed prior to your second refill if this has not been done already.

Please watch this easy-to-follow video that illustrates how you can administer using the pens: https://www.youtube.com/watch?v=wXjQHAxopzk

For Fe s:
We recommend switching to a non-oral contraceptive method or adding a barrier method of contraception for four weeks after initiation and for four weeks after each dose escalation.

Follow-up:
Each month we will follow up with you to see how you are doing on the medication so that we can prescribe the next month's dose until you reach the 2.4 mg weekly maintenance dose. SOME PATIENTS WILL NOT REQUIRING REACHING THIS MAX DOSE POINT FOR CLINICAL EFFECTIVENESS. At that point you will stay on your dose until you achieve your desired weight. Please note that in clinical studies the average Wegovy user lost 15% of their body weight over 68 weeks. Therefore it is extremely important that you take your medication regularly and expect to stay on it for at least 1 year to achieve the goals you may be looking for.

Please note that your prescription will be dispensed as a 30-day supply with 2 refills once you hit a steady state. Your follow up cadence will then switch from monthly to quarterly. If at any time during the 3 months you experience side effects or are unable to tolerate the maintenance dose, please schedule an appointment as soon as possible with your weight management clinician to discuss.

RISKS:
There are reports that GLP-1s could contribute to gastroparesis (stomach paralysis, but the extent to whether this is a cause of this condition or whether it just worsens it (for example, in diabetics is yet to be fully determined.

Medicines like Wegovy have caused thyroid tumors in lab mice. It is not yet known if Wegovy will cause thyroid tumors or medullary thyroid carcinoma (MTC) in people. No studies have confirmed a linkage between Wegovy and thyroid tumors in humans, but if you have a history of family thyroid cancer you may want to discuss taking Wegovy with your primary care doctor.

BENEFITS:
15% weight loss in 68 weeks of treatment during clinical trials, for an average weight loss of 35lbs, sustained at 68 weeks. Your weight loss can be higher if you exercise and reduce your caloric intake while on Wegovy.

WHO SHOULD NOT TAKE WEGOVY?
Patients to whom the following apply are not eligible for Wegovy Treatment:
- Eating Disorder
- Gallbladder Disease
- Drug Abuse
- Alcohol Abuse
- Recent Bariatric Surgery
- Pancreatitis
- Medullary Thyroid Cancer
- Currently Pregnant
- Currently Breastfeeding
- Planning to Become Pregnant

SIDE EFFECTS
This medication may have several common side effects. We have listed these as well as some advice for managing these below.

For Constipation:
Constipation is a result of these medications slowing gastric emptying time. There are a few things that you can do to reduce your chances of developing constipation including:

1. Increase your fiber intake to 30 g/day, including vegetables, whole grains.
2. Increase your water intake to at least 64 oz of water daily.
3. You may need to add over the counter fiber supplements such as Metamucil or Benefiber.

If your constipation is severe, you can also consider taking over the counter medications such as Colace which helps to soften the stool or senna which helps to stimulate a bowel movement. MiraLAX is also a gentle non-stimulant laxative which may help to promote bowel movements.

If your constipation continues after the use of the above suggestions, please discontinue the use of the medication and notify your provider for advice on the next steps.
Please seek in-person care if at any time you develop severe abdominal pain or nausea that is a result of the constipation.

For Nausea/heartburn:
1. Avoid fried, greasy, or fatty foods and foods high in sugar.
2. Eat slowly, and eat smaller meals. If needed, move to 6 small meals a day spaced apart.
3. Eat foods that are light and bland.
4. Drink clear or ice-cold drinks.
5. A helpful tip: hold an alcohol pad 1cm or more from your nose and inhale deeply. Some patients find this as

effective as nausea medications such as Zofran.
6. Try moving your injection site to the thigh region; this has been noted to decrease side effects.

Nausea tends to improve over time as your body gets used to taking the medication.

For belching:
1. Try over the counter GasX (simethicone)

For Diarrhea:
1. Keep up with hydration, make sure to hydrate throughout the day.
2. Pepto Bismol over the counter - take as directed on packaging, please note this medication will turn your stool dark/black.
3. After about 2 days of diarrhea, if still persistent, try Imodium over the counter and take as directed on the packaging.

For fatigue:
1. Try adding in an over the counter vitamin B12 supplement of 1,000mcg daily.

For Localized skin reaction:
1. Apply topical Cortaid over the counter, and if needed, take your injection out of the refrigerator 10 minutes prior to injection.

LIFESTYLE MODIFICATION:
While we do not expect you to follow a specific diet, it is imperative that you begin and continue a low-calorie diet. “Intermittent fasting” is also highly suggested. We recommend seeing a registered dietitian if you need assistance in choosing a specific diet that will meet your goals. An exercise plan should also be created and adhered to during your weight loss program. Both of these should become permanent lifestyle modifications, which will continue long after your pharmaceutical weight loss treatment is complete.

You should not expect to see significant weight loss with any pharmacological therapy unless you combine with permanent lifestyle modification of both diet and exercise.

WHEN SHOULD I STOP TAKING WEGOVY?
When beginning the program, you communicate your goal weight. If you achieve your goal weight after 12 months, you should stop taking Wegovy. Maintaining healthy habits after completing the program is essential in preserving the weight loss you achieve.

Please do not send any non-medical questions to me as I will not be able to answer them for you. For questions regarding your account, insurance coverage or prior authorization, order, or medication pick-up please contact customer support.

ANY OTHER QUESTIONS OR CLARIFICATION SHOULD BE ADDRESSED BY YOUR PRIMARY CARE PHYSICIAN. WE ENCOURAGE YOU TO NOTIFY YOUR PRIMARY CARE DOCTOR ABOUT YOUR WEIGHT LOSS PROGRAM AND LAB RESULTS.

Does PA Need to be Filed?

- **Yes - file PA (pa_process_1)**

Preferred Medication for Prior Auth (upon denial of preferred medication, subsequent PA’s will be filed):

- **Wegovy**

Diagnosis

E66.3: Overweight

Diagnosis

Z68.29: Body mass index (BMI) 29.0-29.9, adult

Diagnosis

R73.01: Impaired fasting glucose

Diagnosis

I10: Essential (primary) hypertension

Diagnosis

Diagnosis

CPT Codes

- **99203 - New Patient - medically appropriate history and/or examination and low level medical decision making.**

WM Visit Status

- **Visit Completed (visit_completed_status_1)**

Signed by

Wednesday, June 5, at 8:09 AM

Locked by

Wednesday, June 5, at 8:09 AM

Addendum

Patient allegedly approved for ozempic - sent Rx for 0.25mg SQ once weekly - d/c wegovy

QuestQuanum

DOB:	Age:	Collected: 06/05/2024 11:31
Sex: M	Fasting:	Received: 06/05/2024 11:33
Phone:		Reported: 06/06/2024 06:07
Patient ID:		

⚠ COMPREHENSIVE METABOLIC PANEL (FINAL)

Lab: AT

Analyte	Value		
⚠ **GLUCOSE** (2345-7) Fasting reference interval For someone without known diabetes, a glucose value >125 mg/dL indicates that they may have diabetes and this should be confirmed with a follow-up test.	**142 H**	Reference Range: 65-99 mg/dL	FINAL
UREA NITROGEN (BUN) (3094-0)	**17**	Reference Range: 7-25 mg/dL	FINAL
CREATININE (2160-0)	**0.99**	Reference Range: 0.60-1.26 mg/dL	FINAL
EGFR (98979-8)	**101**	Reference Range: > OR = 60 mL/min/1.73m2	FINAL
BUN/CREATININE RATIO (3097-3) Not Reported: BUN and Creatinine are within reference range.	SEE NOTE:	Reference Range: 6-22 (calc)	FINAL
SODIUM (2951-2)	**137**	Reference Range: 135-146 mmol/L	FINAL
POTASSIUM (2823-3)	**4.2**	Reference Range: 3.5-5.3 mmol/L	FINAL
CHLORIDE (2075-0)	**105**	Reference Range: 98-110 mmol/L	FINAL
CARBON DIOXIDE (2028-9)	**24**	Reference Range: 20-32 mmol/L	FINAL
CALCIUM (17861-6)	**9.0**	Reference Range: 8.6-10.3 mg/dL	FINAL
PROTEIN, TOTAL (2885-2)	**6.5**	Reference Range: 6.1-8.1 g/dL	FINAL
ALBUMIN (1751-7)	**4.3**	Reference Range: 3.6-5.1 g/dL	FINAL
GLOBULIN (10834-0)	**2.2**	Reference Range: 1.9-3.7 g/dL (calc)	FINAL
ALBUMIN/GLOBULIN RATIO (1759-0)	**2.0**	Reference Range: 1.0-2.5 (calc)	FINAL
BILIRUBIN, TOTAL (1975-2)	**0.5**	Reference Range: 0.2-1.2 mg/dL	FINAL
ALKALINE PHOSPHATASE (6768-6)	**55**	Reference Range: [redacted]-130 U/L	FINAL
AST (1920-8)	**23**	Reference Range: 10-40 U/L	FINAL
ALT (1742-6)	**26**	Reference Range: 9-46 U/L	FINAL

HEMOGLOBIN A1c (FINAL)

Lab: AT

Analyte	Value

HEMOGLOBIN A1c (4548-4)	**5.6**	Reference Range: <5.7 % of total Hgb	FINAL

```
For the purpose of screening for the presence of
diabetes:

<5.7%       Consistent with the absence of diabetes
5.7-6.4%    Consistent with increased risk for diabetes
            (prediabetes)
> or =6.5%  Consistent with diabetes

This assay result is consistent with a decreased risk
of diabetes.

Currently, no consensus exists regarding use of
hemoglobin A1c for diagnosis of diabetes in children.

According to American Diabetes Association (ADA)
guidelines, hemoglobin A1c <7.0% represents optimal
control in non-pregnant diabetic patients. Different
metrics may apply to specific patient populations.
Standards of Medical Care in Diabetes(ADA).
```

COMMENT FINAL

```
This test was performed on the Roche cobas c503 platform.
Effective 8/28/23, a change in test platforms from the
Abbott Architect to the Roche cobas c503 may have shifted
HbA1c results compared to historical results.
Based on laboratory validation testing conducted at
Quest, the Roche platform relative to the Abbott
platform had an average increase in HbA1c value of
< or = 0.3%. This difference is within accepted
variability established by the National Glycohemoglobin
Standardization Program. Note that not all individuals
will have had a shift in their results and direct
comparisons between historical and current results for
testing conducted on different platforms is not
recommended.
```

LIPID PANEL, STANDARD FINAL

Lab: AT

Analyte	Value		
CHOLESTEROL, TOTAL (2093-3)	**184**	Reference Range: <200 mg/dL	FINAL
HDL CHOLESTEROL (2085-9)	**70**	Reference Range: > OR = 40 mg/dL	FINAL
TRIGLYCERIDES (2571-8)	**63**	Reference Range: <150 mg/dL	FINAL
LDL-CHOLESTEROL (13457-7)	**99**	mg/dL (calc)	FINAL

```
Reference range: <100

Desirable range <100 mg/dL for primary prevention;
<70 mg/dL for patients with CHD or diabetic patients
with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins
calculation, which is a validated novel method providing
better accuracy than the Friedewald equation in the
estimation of LDL-C.

(http://education.QuestDiagnostics.com/faq/FAQ164)
```

CHOL/HDLC RATIO (9830-1)	**2.6**	Reference Range: <5.0 (calc)	FINAL
NON HDL CHOLESTEROL (43396-1)	**114**	Reference Range: <130 mg/dL (calc)	FINAL

```
For patients with diabetes plus 1 major ASCVD risk
factor, treating to a non-HDL-C goal of <100 mg/dL
(LDL-C of <70 mg/dL) is considered a therapeutic
option.
```

TSH FINAL

Lab: AT

Analyte	Value		
TSH (3016-3)	**1.58**	Reference Range: 0.40-4.50 mIU/L	FINAL

Key

Priority Out of Range | Out of Range | (PEND) Pending Result | (PRE) Preliminary Result | (FINAL) Final Result | (RE) Reissued Result