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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Fibric Acid Derivatives Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)		
Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand	Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)	
Select the diagnosis below: <input type="checkbox"/> Hypercholesterolemia <input type="checkbox"/> Mixed dyslipidemia <input type="checkbox"/> Severe hypertriglyceridemia <input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____	
Select the medications the patient has a failure, contraindication, or intolerance to: <input type="checkbox"/> Antara <input type="checkbox"/> Fenofibrate 40mg tablet (generic Fenoglide) <input type="checkbox"/> Fenofibrate 120mg tablet (generic Fenoglide) <input type="checkbox"/> Fenofibrate 54mg tablet (generic Lofibra) <input type="checkbox"/> Fenofibrate 160mg tablet (generic Lofibra) <input type="checkbox"/> Fenofibrate 48mg tablet (generic Tricor) <input type="checkbox"/> Fenofibrate 145mg tablet (generic Tricor) <input type="checkbox"/> Fenofibrate 50mg capsule <input type="checkbox"/> Fenofibrate 150mg capsule <input type="checkbox"/> Fenofibrate capsule (generic Lipofen) <input type="checkbox"/> Fenofibrate 160mg tablet (generic Triglide) <input type="checkbox"/> Fenofibrate micronized 43mg capsule (generic Antara) <input type="checkbox"/> Fenofibrate micronized 130mg capsule (generic Antara) <input type="checkbox"/> Fenofibrate micronized 67mg capsule (generic Lofibra) <input type="checkbox"/> Fenofibrate micronized 134mg capsule (generic Lofibra) <input type="checkbox"/> Fenofibrate micronized 200mg capsule (generic Lofibra) <input type="checkbox"/> Fenofibric acid (generic Fibracor) <input type="checkbox"/> Fenofibric acid delayed-release (generic Trilipix) <input type="checkbox"/> Gemfibrozil <input type="checkbox"/> Lipofen <input type="checkbox"/> Lopid <input type="checkbox"/> Triglide	

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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