pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Medical Assistance Programs
Fee-for-Service, Pharmacy Division
Phone 1-800-537-8862 Fax 1-866-327-0191

LIPOTROPICS, OTHER PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Lipotropics, Other** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at http://www.dhs.pa.gov/provider/pharmacyservices/index.htm.

PRIOR AUTHORIZATION REQUEST INFORMATION		PRESCRIBER INFORMATION	
☐New request ☐Renewal request	Total # of pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		State license #:	
Facility contact/phone:		NPI:	MA Provider ID#:
BENEFICIARY INFORMATION		Street address:	
Beneficiary Name:		Suite #:	City/state/zip:
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Non-Preferred Medication Requested:
(For Repatha and Praluent, use PCSK9 Inhibitors form. For Juxtapid or Kynamro, use Juxtapid/Kynamro form.)

- ☐Antara capsule
- ☐Colestid flavored granules
- ☐Colestid granules
- ☐Colestid granules packet
- ☐Colestid tablet
- ☐colestipol granules
- ☐colestipol granules packet
- ☐fenofibrate capsule
- ☐fenofibrate tablet (40 mg & 120 mg)
- ☐fenofibric acid tablet
- ☐fenofibric acid DR capsule
- ☐Fenoglide tablet
- ☐Fibricor tablet
- ☐Lipofen capsule
- ☐Lopid tablet
- ☐Lovaza capsule
- ☐niacin OTC tablet
- ☐niacin ER OTC tablet
- ☐niacin ER OTC capsule
- ☐niacin ER Rx tablet
- ☐Niacor tablet
- ☐Niaspan ER tablet
- ☐Questran packet
- ☐Questran powder
- ☐Questran Light powder
- ☐Slo-Niacin tablet
- ☐Tricor tablet
- ☐Triglide tablet
- ☐TriLipix DR capsule
- ☐Vascepa capsule
- ☐Welchol tablet
- ☐Zetia tablet
- ☐_____

Strength:	Directions:	Quantity:	Refills:
Diagnosis:		Diagnosis code (*required*):	

1. Which of the following preferred agents in this therapeutic class has the Beneficiary tried & failed? *Check all that apply*.

- ☐cholestyramine, cholestyramine light, or Prevalite powder/packet
- ☐colestipol tablet
- ☐ezetimibe tablet
- ☐fenofibrate 54 mg & 160 mg tablet (generic Lofibra)
- ☐fenofibrate nanocrystal 48 mg & 145 mg tablet (generic Tricor)
- ☐gemfibrozil tablet
- ☐omega-3 acid ethyl esters cap
- ☐Welchol powder packet

Submit medical record documentation, including baseline and follow-up cholesterol panels.

2. Does the Beneficiary have a contraindication or intolerance to any of the preferred agents listed in question **(1)**?

☐Yes – *Submit medical record documentation of contraindications/intolerances.*
☐No

PLEASE FAX COMPLETED FORM WITH SUPPORTING CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	**Date:**