

## Lipotropics, Statins Prior Authorization Appeal Form (Page 1 of 2)

Note: If the following information is NOT filled in completely, correctly, and/or legibly the appeal process <u>will</u> be delayed. Please complete one form for each member.

Member In	formation	(required)	Pr	ovider Inf	ormatio	DN (required)	
Member Name:			Provider Name:				
Insurance ID#:			NPI#:		Specialty:		
Date of Birth:			Office Phone:				
Street Address:			Office Fax:				
City:	State:	Zip:	Office Street Add	Iress:			
Phone:		1	City:		State:	Zip:	
Medication Information (required)							
Medication Name:			Strength:		Dosage F	Form:	
Check if requesting <b>brand</b>			Directions for Use	e:			
Check if request is for cont	tinuation of the	rapy	_				
A COPY	OF THE MEM	BER'S LIPID PANEI			EN SUBMIT	TING	
(both Pre-Treatment LDL Value/Date and Current (within the past 60 days) LDL Value/Date are required to complete the							
review) Select the diagnosis below: Abdominal Aortic Aneurysm Acute Coronary Syndrome Carotid Artery Disease Coronary Heart Disease (CHD) Diabetes Mellitus Peripheral Arterial Disease Previous Coronary Event (Myocardial Infarction, Angina, Arrhythmia) Other diagnosis:							
Clinical information:         Select if the member has any of the following risk factors:         Age: Male (M) >45yrs, Female (F) >55yrs         Cigarette smoking         Family history of premature CHD in first degree relative: M <55yrs, F <65yrs							

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## Non-Preferred Statin Prior Authorization Request Form (Page 2 of 2)

In the space below, please provide any further information certifying medical necessity for your patient to remain on current therapy.						
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Physician Signature (required):		Date:	_			

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

<u>Please note</u>: This request may be denied unless all required information is received. For urgent or expedited requests please call 1-866-525-5827. This form may be used for non-urgent requests and faxed to 1-888-491-9742.

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