

**Request for Prior Authorization
Apolipoprotein C-III (ApoC-III)
Inhibitors**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Current Fasting triglyceride level: _____

Date obtained (attach current lipid panel obtained within the past 30 days): _____

Will patient use medication in combination with a low-fat diet (≤ 20 grams of total fat per day)?

Yes No

Will medication be used concomitantly with other apoC-III inhibitors?

Yes No

Is prescriber a cardiologist, an endocrinologist, or a provider who specializes in lipid management?

Yes, document specialty: _____

No If no, note consultation with specialist:

Consultation Date: _____ Physician Name, Specialty & Phone: _____

Renewal Requests

Document a decrease in fasting triglyceride level from baseline (attach current lipid panel obtained within the past 30 days).

Current fasting triglyceride level: _____ Date obtained: _____

Is patient continuing to use medication in combination with a low-fat diet (≤ 20 grams of total fat per day)?

Yes No

Is prescriber a cardiologist, an endocrinologist, or a provider who specializes in lipid management?

Yes, document specialty: _____

No If no, note consultation with specialist:

Consultation Date: _____ Physician Name, Specialty & Phone: _____

Medical or contraindication reason to override trial requirements: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
------------------------------------------------------------	--------------------

IMPORTANT NOTE: *In evaluating requests for prior authorization, the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary, by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.*