

Fibric Acid Derivatives Prior Authorization Request Form



5641

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

PLEASE NOTE:

- **NO prior authorization is required for the preferred agents gemfibrozil (Lopid, generics), generic fenofibrate micronized/nonmicronized formulations (including Lofibra), and fenofibrate nanocrystallized (Tricor).** (Fenoglide is not covered under the TRICARE Pharmacy program.)
- **Antara, fenofibric acid, Fibricor, Lipofen, Triglide, and Trilipix are the non-preferred fibric acid derivative products.** Prior authorization for the non-preferred agents Antara, Fibricor, Lipofen, Triglide, and Trilipix is not required IF there has been a trial of a preferred fibric acid derivative (gemfibrozil, generic fenofibrate, Lofibra, Tricor) based on prescriptions filled during the last 180 days.

MAIL ORDER and RETAIL	<ul style="list-style-type: none"> • The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477 • The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com
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Prior authorization criteria and a copy of this form are available at: http://pec.ha.osd.mil/forms_criteria.php. This prior authorization has no expiration date.

Step 1 Please complete patient and physician information (please print):

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	_____	_____
	Sponsor ID #: _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 2 Please complete the clinical assessment:

2	1. Does the patient have a contraindication to generic fenofibrate, Lofibra, and Tricor that is not expected to occur with the non-preferred fibric acid derivative?	Yes Proceed to question 2	No Coverage not approved
	2. Does the patient have a contraindication to gemfibrozil (Lopid) that is not expected to occur with the non-preferred fibric acid derivative?	Yes Sign and date below	No Coverage not approved

Step 3 I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature	Date
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