

ZETIA

PRIOR AUTHORIZATION REQUEST FORM

Complete ENTIRE form and Fax to: 866-940-7328

Today's Date: _____

SECTION A - PATIENT INFORMATION

First Name:	Last Name:	Member ID:
Address:		
City:	State:	Zip:
Phone:	DOB:	Allergies:
Primary Insurance:	Policy #:	Group #:

Is the requested medication **NEW** or a **CONTINUATION of THERAPY** ? If so, start date: _____

Is this patient currently hospitalized? Yes No

SECTION B - PHYSICIAN INFORMATION

First Name:	Last Name:	M.D./D.O.	
Address:	City:	State:	Zip:
Phone:	Fax:	NPI #:	Specialty:

Office Contact Name / Fax Attention to: _____

SECTION C - MEDICAL INFORMATION

Medication:	Strength:
--------------------	------------------

Directions for use: _____

Diagnosis (Please be specific & provide as much information as possible):	ICD-10 CODE:
--	---------------------

- Is this a new prescription for the patient or a continuation of existing therapy?
- Has the patient previously been treated with one of the following statin drugs?
List the medication(s), doses, and dates tried in the table below:
 - Zocor (simvastatin)**
 - Pravachol (pravastatin)**
 - Mevacor (lovastatin)**
 - Lipitor (atorvastatin)**
 - Crestor (rosuvastatin)**
 - Lescol (fluvastatin)**
 - Livalo (pitavastatin)**
- Did treatment with a statin result in an inadequate response?
List date and results of lipid panel after statin therapy:
 - Total Cholesterol:** _____ (normal <200 mg/dl)
 - HDL:** _____ (normal >40 for men, >50 for women)
 - LDL:** _____ (normal <100 mg/dl)
 - Triglycerides:** _____ (normal <150 mg/dl)
- Has the patient experienced an intolerance/adverse reaction or a contraindication to previous therapy with statins? *List intolerance/adverse reaction/contraindication.*

Explanation of why the preferred medication(s) would not meet your patient's needs:

Other Medications tried				
<u>Medications</u>	<u>Strength</u>	<u>Directions</u>	<u>Dates of Therapy</u>	<u>Reason for failure / discontinuation</u>

Physician's Signature: _____ Date: _____

Confidentiality Notice: This transmission contains confidential information belonging to the sender and UnitedHealthcare. This information is intended only for the use of UnitedHealthcare. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action involving the contents of this document is prohibited. If you have received this telecopy in error, please notify the sender immediately.